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National Formulary

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Overview

The **Clinically Preferred Drug List** or “PDL” is a continually updated list of prescription medications that represents the current clinical judgement of our clinical team, providers and experts in the diagnosis and treatment of different diseases. It contains clinical prescribing information that assists health care professionals when prescribing the highest quality affordable drugs to patients. The PDL represents the efforts of our clinical team to a method to evaluate the various drug products available. *Note that not all drugs that are available are listed in this document ... just those that are the most commonly dispensed by general practitioners and specialists. There are thousands of generic drugs for effective products that are readily available not listed in this book.* The PDL shows both generic and brand names for reference and convenience. Some plan sponsors, HMOs or Health Plans, Unions or Employers may be provided with the option of imposing further restrictions or choose not to reimburse some products listed in the PDL.

Additionally, as drug prices increase, new specialty drugs are released, and brand drugs lose patent, limiting drug selection to preferred products (generics, brands, as well as specialty) has become more critical. Our clinicians work to manage a balanced formulary, offering the best clinical products based on (1) safety, (2) efficacy, (3) availability, (4) lowest potential for abuse, (5) limited side effects, (6) viable clinical alternatives, (7) patient educational needs & availability, and finally (8) cost. While a very high percentage of plan designs follow this formulary, some small percentage may make plan design modifications and/or apply their own clinical management parameters.

Coverage Limitation

The PDL does not provide information regarding specific coverage, limitations or exclusions, member out-of-pocket costs (known as “member contributions” or more commonly “copays”) that may be assigned at plan level. The PDL applies to out-patient drugs provided to members, and *does not* apply to medications used in the in-patient setting (with the exception of some physician administered office products). All applicable dosage forms and strengths of a particular drug are included in the PDL under the specific entry unless otherwise noted and listed separately.

Compounded Drugs

Our Pharmacy & Therapeutics Committee (“P&T Committee”) has recommended against the coverage of compounded products. This decision was based on our research that compounds are not currently FDA approved as indicated for therapeutic use. Compounds have not passed the standards of clinical safety nor clinical efficacy that the FDA has set for authorization to be used in human diseases. Furthermore, due to ongoing reports concerning compounded pharmacy products causing harm for their intended patients, the P&T Committee has decided to take a prudent position against approval of compounding products to keep the safety and best interests of our members as its highest priority. If you have any questions, please contact your account executive.

While the P&T Committee does not recommend the use or coverage of compounds, we maintain that every patient has the right to order, and pharmacies have the right to dispense, compounded drugs at their own risk and expense. Please note that some plan benefits may opt to include them on a limited basis.

Drug Placement Determination

New Drugs are constantly being developed and approved by the FDA for the treatment of the different disease states. Due to vast availability of medication therapies and treatments, a reasonable process of drug selection and drug usage has been developed. The goal of the PDL is to enhance the physicians’ and pharmacists’ abilities to provide optimal cost-effective drug therapies to patients.

The development, maintenance, and improvement of the PDL are evolutionary processes that require the constant attention of our P&T Committee. As stated above, the PDL is a continually reviewed and revised list of drug products that mirrors the prevailing clinical opinion of the P&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate in official print at all times. Updates are provided as necessary through newsletters and updates made readily available on the Internet for members, physicians, pharmacists and plan sponsors.

New Drugs being considered for formulary inclusion will be reviewed for their safety, efficacy, FDA-approved indications, contraindications, side effects, pharmacokinetic profile, patient compliance potential, drug cost and effects on other indirect health costs. A thorough medical literature review will place an emphasis on the following characteristics:

- Safety and Effectiveness of Product
- Potential for Patient Clinical or Utilization Abuse
- Comparison Studies with Similar Products if available
- Therapeutic Outcomes and Economic Data

Drugs that are given a "priority" review by the FDA will be reviewed for possible inclusion into the formulary in as little as 7 days if necessary. New drugs will have their characteristics compared to other similar drugs within a therapeutic class when available. New drugs that are added to an existing therapeutic class may result in the deletion of other drug(s) within the particular therapeutic class as clinical applications warrant. This process ensures the selection of the most clinically useful and cost-effective drugs within a specific therapeutic class.

Preferred Brand Products

Brand drugs (listed in bold) that are added to the PDL in the "Preferred Brand" column include those that offer a clinical and/or cost advantage over other existing comparable brand drugs (listed under "Non-Preferred Brands") without sacrificing safety or effectiveness. Drugs will not be placed in either column if there currently is insufficient clinical evidence of its appropriate clinical effectiveness.

Brand drugs, whose generic form is also listed in the "Generic Drugs" column, should be considered as Non-Preferred brands as there have readily available generic equivalents. Brand drugs listed in the "Generic Drugs" column that have a caret (^) are considered Preferred Brands with preferred brand copays. Brand drugs listed in the "Generic Drugs" column that have a hash or pound sign (#) are brand drugs with generic copays. Copays as always are part of the member's defined benefits and vary by plan for brands and generics for standard and specialty drugs.

Brand drugs that may vary from formulary to formulary are notated with an asterisk (*). Brand drugs that have ^{RECOMMEND} next to their name may not have any tier limitations in place, although they are subject to the copay tier assigned.

Brand drugs that are crossed out (i.e. ~~Drug Name~~) are no longer marketed but are available generically.

Exclusions & Grandfathering: Patients on continuous therapy of a Non-Preferred brand that may be excluded or is in a higher formulary tier may continue to take these drugs at the Preferred Brand copay until therapy is discontinued (called "grandfathering"). Restart of such brand drugs may require restart of therapy and may be charged the higher Non-Preferred Brand copay.

Generic Substitution

Whenever available, lower cost generic drugs approved by the FDA should be used regardless of the brand name indicated. Generic drugs provide the patients with a more cost effective, chemically and therapeutically equivalent option that can reduce the patient's out of pocket cost. Generic drugs will be listed in the "Generic Drugs" column, or in parenthesis next the brand drug name in the "Preferred Brands" or "Non-Preferred Brands" columns. The brand drugs listed under the "Generic Drugs" column are for reference only, do not have a generic copay, and do not guarantee coverage. This statement is not meant to preclude or override any state statutes that may exist (e.g., Non-Substitutable Drugs). Inclusion of a brand drug for generic substitution is subject to the following:

- An FDA Rating of "A" for generic equivalency as well as thorough review by the P&T Committee for efficacy and safety
- A narrow therapeutic index that makes it not subject to substitution due to complex pharmacokinetics, dosage forms, etc.

Single & Dual Source Generics

Upon patent expiration, brand drugs become available from one or more generic manufacturers. If the brand drug becomes available from only one generic manufacturer – typically for an exclusivity period or when other competing generics are removed from the market – the generic drug is called a "*Single Source Generic*" or SSG. If a brand drug becomes available from two (2) manufacturers, the generic drugs are called "*Dual Source Generics*" or DSG; if a brand drug is available from many generic

manufacturers, it is then called a “Multi-Source Brand” or MSB, while the generic drugs are called “Multi-Source Generics” or MSG.

While a generic drug is a SSG or DSG, its price may only be slightly cheaper than the original equivalent brand drug. During this time, at the clinical team’s recommendation, the SSG or DSG may be priced according to one of the following algorithms:

- GENERIC discount with a GENERIC copay
- GENERIC discount with a BRAND copay
- BRAND discount with a GENERIC copay
- BRAND discount with a BRAND copay
- NDC blocked so that the member must buy the BRAND at the full cash price (100% copay) with our discounts being applied

Prior Authorizations, Step Edits & Quantity Limits

Prior Authorization: Some brand drugs may require approval called “prior authorization” before the prescription can be dispensed. If a drug requires prior authorization, it may be noted in this PDL with either a P/A or P/A Req’d. Note that your plan may also restrict specific drugs and require a Prior Authorization that may not be shown on this PDL.

When a Prior Authorization is required, one or more of the following criteria must be fulfilled before the Prior Authorization will be issued:

1. Patient must have failed an appropriate trial of generics or other clinically Preferred Brand drugs (“step edit” – see below).
2. Use of a Preferred Brand drug(s) may cause documented underlying conditions or side effects, which would be detrimental to the patient’s health.
3. The treatment algorithm for that disease state is being followed according to the generally accepted published guidelines or the protocol in the FDA approved package insert.
4. A more cost effective, clinically equivalent agent is available as the Preferred Brand Drug.

Step Edits: Many drugs on the PDL may have specific step edits or quantity limits. A “step edit” is the process where another drug may be required to be used first before the prescribed drug is covered. Such drugs requiring use of another drug before it can be dispensed will be indicated in this PDL with an ^{S/E} or an ^{S/E-2}.

Quantity Limits: Our clinical team strongly recommends that some method of utilization compliance, including quantity limits, be placed on many drugs. Many products may have quantity limits implemented in your plan benefit design that are consistent with their FDA approved package insert or appropriate clinical guidance to control utilization. They are not specifically marked in this PDL.

More information on specialty drug restrictions are detailed at the end of this PDL.

100% Copay vs. Excluded Drugs

Our P&T Committee and clinicians believe that drug exclusions limit the choice of physicians and patients in treating specific conditions. Some drugs are manufactured simply for patient convenience at a much higher price than available equivalent generic drugs, or have other brand drug options available at a much lower net cost. To maintain a complete patient profile of drugs, managed clients should *not* exclude the drugs indicated with 100% Copay but instead cover them at the 100% copay to the patient, with strong encouragement that the patient use manufacturer copay cards to reduce the patient’s out of pocket costs. If a patient is already on one of the drugs listed with a star (*), therapy should be continued at the non-preferred copay.

The list includes but is not limited to:

Auvi-Q**	Elyxyb Soln	Pexeva	Taperdex
Cambia	Enteragam	Prexxartan	Tivorbex
Carospir Soln	Epaned	Qbrelis Soln	Treximet
Conjupri	Evzio	Rayos**	Vimovo
Consensi	Fortamet ER	Riomet	Vivlodex
Cycloset	Glumetza	Roszet	Yosprela
Duexis**	Katerzia	Sitavig	Zorvolex
Durlaza	Millipred Pak	Segluromet	
Dyloject	Noxafil	Steglatro	
Edecrin	Pennsaid 2%**	Steglujan	

** May be covered by some plan benefit designs at standard copay. 100% copay applies if P/A protocols are not met

Non-Listed Drugs & Drug Categories

Drug categories that are not specifically listed in the book are generally categories of lower utilization where generic products are readily available (i.e. cough & cold) and shall be driven by plan design if covered. A specific brand drug may be “preferred”, “non-preferred” or “non-formulary” depending on the class.

Additionally, if a specific drug is not listed in the PDL, the drug is categorized under a general statement (such as that of HIV products on page 9), is covered under a medical benefit due to the location of administration, or is in a therapeutic class generally not seen in managed care. Oral products (other than oral oncology drugs) that are not listed should be considered as having a Non-Preferred brand copay.

Formulary Modifications & Changes

Changes may be made to this PDL at any time based on availability or market conditions. Drugs approved by the FDA are added as Non-Preferred Brands with the same restrictions as other Non-Preferred Brands in the same clinical equivalent drug class until they are reviewed by the P&T Committee unless the clinical team determines that the product is a “line extension”. Drugs that are NOT listed in this book when the competitors *are* should be considered as excluded, not covered, or non-preferred drugs.

Biosimilars

The FDA acknowledges a biosimilar drug as a specialty product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product, and listed in the FDA Purple Book, with the following definitions:

- “Highly Similar” means that a manufacturer developing a proposed biosimilar demonstrates that its product is highly similar to the original brand drug product by extensively analyzing (i.e., characterizing) the structure and function of both the reference product and the proposed biosimilar.

- “No Clinically Meaningful Differences” means that the manufacturer must demonstrate that its proposed biosimilar product has no clinically meaningful differences from the original brand drug in terms of safety, purity, and potency (safety and effectiveness).

Changes to the PDL

The following changes have been or will be implemented on the date shown. Placement of new drugs can be found in the formulary newsletter.

Drug	Disease State	Date	Change
Zegalogue	Hypoglycemia	07/01/2021	To Tier 2

Antibiotics

ANTIBIOTICS

GENERIC DRUGS	PREFERRED BRANDS	NON- PREFERRED BRANDS
<p>Penicillins & Cephalosporins</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W1</p>		<p>Cedax (Ceftibuten) Spectracef (Cefditoren Pivoxil) Suprax (Cefixime) ^{S/E}</p>
<p>Tetracyclines</p> <p>Doxycycline (various) / Doryx, Vibramycin Minocycline / Minocin, Dynacin, Solodyn</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W1</p>		<p>Acticlate (Doxycycline Hyclate) Oracea (Doxycycline Monohydrate)</p>
<p>Macrolides, Clindamycins & Ketolides</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W9</p>		<p>Ketek (Telithromycin)</p>
<p>Sulfonamides, Sulfones & Nitrofurantoin</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W2</p>		<p>Furadantin Liquid (Nitrofurantoin)</p>
<p>Quinolones</p> <p>Ciprofloxacin / Cipro, Cipro XR Levofloxacin / Levaquin Moxifloxacin / Avelox Ofloxacin / Floxin</p> <p>W1</p>		<p>Baxdela (Delafloxacin) ^{S/E} Factive (Gemifloxacin) Noroxin (Norfloxacin)</p>
<p>Miscellaneous Antibiotics</p> <p>Vancomycin / Vancocin Linezolid / Zyvox</p> <p>W1</p>	<p>Dificid[®] (Fidaxomicin[™])</p>	<p>FirVanq (Vancomycin)</p>

Antivirals

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>General Antivirals</p> <p><u>Antivirals:</u> Acyclovir / Zovirax Amantadine / Symmetrel Famciclovir / Famvir Ganciclovir / Cytovene Valacyclovir / Valtrex Valganciclovir / Valcyte</p> <p>W5</p> <p><u>Flu Treatment/Flu Prevention:</u> Oseltamivir / Tamiflu Rimantadine / Flumadine</p> <p>W5</p>	<p><u>Antivirals:</u></p> <p><u>Flu Treatment/Flu Prevention:</u></p>	<p><u>Antivirals:</u> Sitavig (Acyclovir) ^{100% Copay} Prevymis (Letermovir) ^{P/A Req'd}</p> <p><u>Flu Treatment/Flu Prevention:</u> Relenza (Zanamivir) Xofluza (Baloxavir Marboxil)</p>
<p>HIV Antiviral Drugs</p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W5</p>	<p>All <u>Other Single Source Brand</u> HIV Antiviral Drugs</p>	<p>All <u>Multi-Source Brand</u> HIV Antiviral Drugs</p>
<p>HIV Pre-Exposure Prophylaxis Drugs</p> <p>Tenofovir/Emtricitabine / Truvada ^{S/E/P/A Req'd}</p> <p>W5</p>	<p>Descovy (Emtricitabine/Tenofovir Alafenamide)</p>	<p>Truvada (Emtricitabine/Tenofovir Disproxil (TDF))</p>

Anti-Infectives

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anaerobic Anti-Infectives Metronidazole / Flagyl Paromomycin Sulfate / Humatin Tinidazole / Tindamax W4		
Antiparasitics W4	Alinia (Nitazoxanide)	Egaten (Triclabendazole)
Antimalarials & Antiprotozoals Atovaquone/Proguanil / Malarone Hydroxychloroquine / Plaquenil Mefloquine / Lariam Quinine Sulfate / Qualaquin W4		Arakoda (Tafenoquine) Daraprim (Pyrimethamine) ^{100% Copay} Lampit (Nifurtimox)
Antihelmintic Drugs Ivermectin / Stromectol W4		Albenza (Albendazole) Biltricide (Praziquantel) Emverm (Mebendazole)

Antiemetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Antiemetics (Assorted Use) Aprepitant / Emend Dronabinol / Marinol Granisetron / Kytril Mecizine / Antivert, Vertin Ondansetron / Zofran, Zofran ODT Doxylamine/Pyridoxine / Diclegis Prochlorperazine / Compazine Promethazine HCL / Phenergan, Promethegan Supp. Trimethobenzamide / Tigan H6	Bonjesta ER' (Doxylamine Succinate/Vitamin B6) Transderm-Scop Patch (Scopalamine)	Akynzeo (Netupitant/Palonosetron) ^{P/A Req'd} Anzemet (Dolasetron) Cesamet (Nabilone) Sancuso Patch (Granisetron) ^{P/A Req'd} Sustol Injectable (Ganisetron) ^{P/A Req'd} Syndros Oral Solution (Dronabinol) ^{P/A Req'd} Varubi (Rolapitant) Zuplenz Film (Ondansetron)

Neurologic: Parkinsons & Migraine Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anti-Parkinsons Drugs</p> <p>Amantadine / Symmetrel Benzotropine / Cogentin Bromocriptine / Parlodel Carbidopa/Levodopa / Sinemet/CR, Parcopa Carbidopa/Levodopa/Entacapone / Stalevo Entacapone / Comtan Pramipexole / Mirapex, Mirapex ER Rasagiline / Azilect Ropinirole / Requip, Requip XL Tolcapone / Tasmar</p> <p>H6</p> <p><u>Parkinsons Motion/Dyskinesia Drugs:</u></p> <p>H6</p> <p><u>Psychosis Drugs:</u></p> <p>H8</p>	<p>Parkinsons Motion/Dyskinesia Drugs:</p> <p>Gocovri[®] (Amantadine) Xadago[®] (Safinamide)</p> <p>Psychosis Drugs:</p>	<p>Apokyn Injectable, Kynmobi SL Film (Apomorphine) Banzel (Rufinamide) Duopa Susp. IV (Carbidopa/Levodopa) ^{P/A Req'd} Imbrija Inhaler (Levodopa) ^{P/A Req'd} Neupro Patch (Rotigotine) Nutrianz (Istradetyliline) Ongentys (Opicapone) Osmolex ER (Amantadine) Peganone (Ethotoin) Rytary ER (Carbidopa/Levodopa ER) ^{S/E} Zelapar ODT (Selegiline)</p> <p>Parkinsons Motion/Dyskinesia Drugs:</p> <p>Psychosis Drugs:</p> <p>Nuplazid (Pimavanserin) ^{P/A Req'd}</p>
<p>Anti-Migraine Drugs</p> <p><u>Triptans:</u> Sumatriptan Tablets & Injectibles / Imitrex Sumatriptan / Naproxen Sodium Treximet ^{100% Copay}</p> <p>{ALL Generic TRIPTAN Tablets}</p> <p><u>CGRP (Prevention):</u></p> <p><u>CGRP (Acute Treatment):</u></p> <p><u>Other Drugs:</u> Ergotamine / Ergomar Ergotamine/Caffeine / Cafergot Dihydroergotamine/ DHE 45, Migranal Nasal</p> <p>H3</p>	<p><u>Triptans:</u> Onzetra Xsail[®] (Sumatriptan Nasal)</p> <p><u>CGRP (Prevention):</u> Ajovy[®] Injector (Fremanezumab) ^{Clinical P/A} Emgality[®] Injector (Galcanezumab) ^{Clinical P/A}</p> <p><u>CGRP (Acute Treatment):</u> Reyvow (Lasmiditan) ^{S/E} Ubrovelvy (Ubrogepant) ^{S/E}</p> <p><u>Other Drugs:</u></p>	<p><u>Triptans:</u> Alsuma Inj, Sumavel Dosepro (Sumatriptan) ^{S/E} Imitrex Spray (Sumatriptan) ^{S/E} Tosymra Nasal Spray (Sumatriptan) ^{S/E} Zembrace SymTouch (Sumatriptan) ^{P/A Req'd} Zomig Nasal Spray only (Zomitriptan) ^{S/E}</p> <p><u>CGRP (Prevention):</u> Aimovig Injector (Erenumab) ^{NDC Block}</p> <p><u>CGRP (Acute Treatment):</u> Nurtec-ODT (Rimegepant) ^{Clinical P/A}</p> <p><u>Other Drugs:</u> Botox (OnabotulinumtoxinA) ^{Medical/Specialty} Cambia Powder (Diclofenac Potassium) ^{100% Copay} GammaCore Device – VNS Elyxyb Oral Solution (Celecoxib) ^{100% Copay}</p>

Neurologic: Alzheimers, Anticonvulsants & Antiepileptics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Alzheimer's Drugs</p> <p>Donepezil / Aricept/ODT Galantamine / Razadyne/ER Memantine /Namenda/XR Pyridostigmine / Mestinon Razadyne / Reminyl, Reminyl ER Rivastigmine / Exelon Capsules/Patches</p> <p>H1/J1</p>		<p>Namzaric (Memantine/Donepezil) ^{S/E}</p>
<p>Anticonvulsants & Anti-Epileptics</p> <p><u>Anti-Convulsants</u></p> <p>Carbamazepine / Carbatrol, Tegretol Clonazepam / Klonopin Divalproex Sodium / Depakote/ER/Sprinkles Gabapentin / Neurontin Lamotrigine / Lamictal, Lamictal XR, Lamictal ODT Oxcarbazepine / Trileptal Pregabalin / Lyrica Topiramate / Topamax, Qudexy XR Valproic Acid / Depakene</p> <p><i>(Many other Generic Products are Available)</i></p> <p><u>Anti-Epileptic Drugs</u></p> <p>Levetiracetam / Keppra, Keppra XR Phenytoin / Dilantin Phenytoin Sodium / Phenytek</p> <p>H2/H4</p>	<p><u>Anti-Convulsants</u></p> <p>Xcopri (Cenobamate) ^{S/E}</p> <p><u>Anti-Epileptic Drugs</u></p> <p>Dilantin 30mg ONLY (Phenytoin) Spritam¹ (Levetiracetam) ^{S/E}</p>	<p><u>Anti-Convulsants</u></p> <p>Aptiom (Eslicarbazepine) ^{P/A Req'd} Celontin (Methsuximide) ^{S/E} Diacomit (Stiripentol) ^{S/E [Dravet]} Diastat Acu-Dial Gel (Diazepam) ^{P/A Req'd} Equetro (Carbamazepine) ^{S/E} Fintepla (Fenfluramine) ^{S/E} Fycompa (Perampanel) ^{S/E} Lyrica CR (Pregabalin) ^{P/A Req'd} Nayzilam Nasal Spray (Midazolam) Oxtellar XR (Oxcarbazepine) ^{P/A Req'd} Potiga (Ezogabine) ^{S/E} Sabril (Vigabatrin) ^{S/E} Stavzor (Valproic Acid) ^{P/A Req'd} Trokendi XR (Topiramate) ^{P/A Req'd} Valtoco Nasal Spray (Diazepam) ^{P/A Req'd} Vimpat (Lucosamide) ^{P/A Req'd}</p> <p><u>Anti-Epileptic Drugs</u></p> <p>Briivact (Brivaracetam) ^{S/E} Elepsia XR (Levetiracetam) ^{P/A Req'd}</p>
<p>Fibromyalgia, Neuropathic & PHN** Drugs</p> <p>Duloxetine / Cymbalta Gabapentin / Neurontin Lidocaine Patch 5% Pregabalin / Lyrica</p> <p>H4/H7</p>		<p>Gralise (Gabapentin) Lyrica CR (Pregabalin)** Savella (Milnacipran) ZTLido (Lidocaine Patch)**</p>
<p>Restless Leg Syndrome (RLS) Drugs</p> <p>Pramipexole / Mirapex Ropinirole / Requip, Requip XL</p> <p>H6</p>		<p>Horizant (Gabapentin Enacarbil) Neupro Patch (Rotigotine)</p>

** - Post-Herpetic Neuralgia Pain (PHN)

Blood Modifiers

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anticoagulants /Anti-10A/Thrombin Inhibitors</p> <p>Warfarin Sodium / Coumadin Heparin Sodium</p> <p>M9</p>	<p>Eliquis' (Apixaban) Xarelto 2.5mg, 15mg, 20mg' (Rivaroxaban) & Xarelto Starter Pak – all'</p>	<p>Savaysa (Edoxaban Tosylate) Pradaxa' (Dabigatran Etexilate)</p>
<p>Heparin-Related Drugs / DVT</p> <p>M9</p>	<p>Eliquis' (Apixaban) Xarelto 10mg' (Rivaroxaban)</p>	<p>Bevyxxa (Betrixaban) Savaysa (Edoxaban Tosylate) Pradaxa' (Dabigatran Etexilate)</p>
<p>Platelet Aggregation Inhibitors / ACS</p> <p>Anagralide / Agrylin Cilostazol / Pleta Clopidogrel / Plavix Dipyridamole / Persantine Dipyridamole & Aspirin / Aggrenox Pentoxifylline / Trental Prasugrel / Effient</p> <p>M9 / N1</p>	<p>Brilinta' (Ticagrelor)</p>	<p>Durlaza ER (Aspirin) ^{100% Copay}</p>
<p>Other Drugs</p> <p>Aminocaproic Acid / Amicar Tranexamic Acid / Lestyda</p> <p>M9</p>		<p>Zontivity (Vorapaxar)</p>

Cardiovascular: ACE, ARBs & Diuretics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>ACE Inhibitors with/without Diuretics</p> <p>Benazepril / Lotensin (Lotensin HCT) Captopril / Capoten (Capozide) Enalapril / Vasotec (Vaseretic) Fosinopril / Monopril (Monopril HCT) Lisinopril / Prinivil (Prinzide), Zestril (Zestoretic) Moexipril / Univasc (Uniretic) Quinapril / Accupril (Accuretic) Perindopril Erbumine / Aceon Ramipril / Altace Trandolapril / Mavik</p>		<p>Epaned Solution (Enalapril) ^{100% Copay} Qbrelis Solution (Lisinopril) ^{100% Copay}</p>
<p>ACE Inhibitor / CCB Combination</p> <p>Benazepril/Amlodipine / Lotrel (all other strengths) Trandolapril/Verapamil / Tarka</p>		<p>Prestalia (Amlodipine / Perindopril) ^{S/E}</p>
<p>ARBs without & with Diuretics</p> <p>Candesartan, Candesartan HCTZ / Atacand, Atacand HCT Irbesartan, Irbesartan HCTZ / Avapro, Avalide Losartan, Losartan HCT / Cozaar, Hyzaar Olmesartan/HCT / Benicar, Benicar HCT Telmisartan, HCTZ / Micardis, Micardis HCT Valsartan, Valsartan HCTZ / Diovan, Diovan HCT</p>	<p>Edarbi¹, Edarbyclor¹ (Azilsartan/Chlorthalidone)</p>	<p>Prexartan Solution (Valsartan) ^{100% Copay}</p>
<p>ARB Combinations</p> <p>Olmesartan/Amlodipine/HCT / Azor, Tribenzor Telmisartan/Amlodipine / Twynsta Valsartan/Amlodipine/HCT / Exforge/HCT</p>		<p>Byvalson (Valsartan/Nebivolol)</p>
<p>Naprilysin Inhibitors</p>	<p>Entresto¹ (Naprilysin/Valsartan)</p>	
<p>Diuretics</p> <p>Chlorothiazide / Diuril Chlorthalidone / Hygroton Furosemide / Lasix Spironolactone/HCTZ / Aldactone, Aldactazide Toresmide / Demadex Triamterene / HCTZ / Dyazide, Maxzide (Various other Generics)</p>		<p>Carospir Solution (Spironolactone) ^{100% Copay} Dyrenium (Triamterene) Edocrin (Ethacrynic Acid) ^{100% Copay} Soanz (Torsemide) ^{S/E-2}</p>

Cardiovascular: Anti-Arrhythmia & Vasodilators

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Renin Inhibitors & Combinations^{##} <small>A4</small>	Tekturna/HCT' (Aliskiren Hemifumarate/HCT)	
Antiarrhythmics / Anti-Ischemic Amiodarone / Pacerone Disopyramide / Norpace/ Norpace CR 150mg Dofetilide / Tikosyn Propafenone / Rythmol, Rythmol SR <small>A2</small>		Multaq (Dronedarone) Norpace CR 100mg (Disopyramide) Ranexa ER (Ranolazine)
Cardiac Glycosides Digoxin / Lanoxin <small>A1</small>		
Vasodilators, Coronary, Nitrates Isosorbide Dinitrate / Isordil, Sorbitrate Isosorbide Mononitrate' / Imdur-ER <u>Nitroglycerins</u> Nitroglycerin (Patch) / Nitro-Dur, Minitran Nitroglycerin Mist / NitroMist Spray, Nitrolingual Spray <small>A7</small>	<u>Nitroglycerins</u> Nitrostat (Nitroglycerin Oral)	<u>Nitroglycerins</u> Gonitro (Nitroglycerin Sublingual) Nitro-BID Ointment (Nitroglycerin)
Vasodilators, Sympatholytics Clonidine / Catapres, Catapres TTS Patch Guanfacine / Tenex Hydralazine / Apresoline Methyldopa / Aldomet Methyldopa/HCTZ / Alderil <small>A4</small>		
Other Drugs	Farxiga' (Dapagliflozin) ^{S/E} (Allowed for HF & CKD) Jardiance' (Empagliflozin) ^{S/E} (Allowed for HF)	Corlanor (Ivabradine) Northera (Droxidopa) Vecamyl (Mecamylamine) Verquvo' (Vericiguat) ^{Clinical P/A}

^{##} Note special warnings on use of Aliskiren containing products in treatment of diabetics

Cholesterol: Statins, Fibrates & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Statins& Statin/CCB Combinations</p> <p>Atorvastatin / Lipitor Atorvastatin/Amlodipine / Caduet Ezetimibe/Simvastatin / Vytorin Fluvastatin / Lescol, Lescol XL Lovastatin / Altoprev, Mevacor Pravastatin / Pravachol Rosuvastatin / Crestor Simvastatin / Zocor</p> <p>M4</p>	<p>Zypitamag' (Pitavastatin)^{S/E}</p>	<p>Livalo (Pitavastatin)^{2-S/E} Roszet (Ezetimige/Rosuvastatin)^{100% Copay}</p>
<p>Bile Acid Sequestrants/Liver Drugs</p> <p><u>BAS</u> Cholestyramine / Questran Colesevelam / Welchol Colestipol / Colestid</p> <p>M4</p> <p><u>Liver Drugs</u> Ursodiol / Actigall, Urso/Urso Forte</p> <p>D7</p>	<p><u>BAS</u></p> <p><u>Liver Drugs</u></p>	<p><u>BAS</u></p> <p><u>Liver Drugs</u></p>
<p>Fibrates & Other Drugs</p> <p>Gemfibrozil / Lopid Fenofibric Acid –Choline / Fibricor, TriLipix Fenofibrate, micronized / Antara, Fenoglide Fenofibrate, nanocrystalized / Tricor, TriGlide</p> <p><u>ACL Inhibitors</u></p> <p><u>Other Drugs</u> Ezetimibe / Zetia Slo Niacin / Niacin, Niaspan ER</p> <p>M4</p>	<p>Lipofen' (Fenofibrate, micronized)</p> <p><u>ACL Inhibitors</u> Nexleto' (Bempedoic Acid)^{Clinical P/A} Nexlizet' (Bempedoic Acid / Ezetimibe)^{Clinical P/A}</p> <p><u>Other Drugs</u> Vascepa' (Icosapent Ethyl)</p>	<p><u>ACL Inhibitors</u></p> <p><u>Other Drugs</u> Niacor (Niacin) Omega-3 Acid Ethyl Esters & Lovaza^{S/E}</p>

Pancreatic Drugs & Urological: Diuretics, BPH, OAB & E/D

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Pancreatic Drugs</p> <p>D8</p>	<p>Creon' (Lipase/Protease/Amylase) Zenpep' (Lipase/Protease/Amylase)</p>	<p>Pancreaze (Lipase/Protease/Amylase) Pertyze, Viokase (Lipase/Protease/Amylase)</p>
<p>Benign Prostate Hyperplasia</p> <p><u>Alpha Blockers</u> Alfuzosin / Uroxatral Doxazosin / Cardura Prazosin / Minipress Silodosin / Rapaflo Tamsulosin / Flomax Terazosin / Hytrin</p> <p>J7/Q9</p> <p><u>5 Alpha Reductase Inhibitors</u> Finasteride / Proscar Dutasteride / Avodart Dutasteride/Tamsulosin / Jalyn</p> <p>Q9</p> <p><u>Phosphodiesterase-5 Enzyme Inhibitors</u> Tadalafil / Cialis 5mg Only</p> <p>F2</p>	<p><u>Alpha Blockers</u></p> <p><u>5 Alpha Reductase Inhibitors</u></p> <p><u>Phosphodiesterase-5 Enzyme Inhibitors</u></p>	<p><u>Alpha Blockers</u> Cardura XL (Doxazosin Mesylate)</p> <p><u>5 Alpha Reductase Inhibitors</u></p> <p><u>Phosphodiesterase-5 Enzyme Inhibitors</u></p>
<p>Urologic Drugs</p> <p><u>Overactive Bladder</u> Oxybutynin / Ditropan XL Darifenacin / Enablex Solifenacin Succinate / VESIcare Tolterodine / Detrol, Detrol LA Trospium / Sanctura, Sanctura XR</p> <p>R1</p> <p><u>Other Drugs</u> Desmopressin Acetate / DDAVP Flavoxate / Urispas Phenazopyridine / Pyridium</p> <p>R5/P2</p>	<p><u>Overactive Bladder</u> Myrbetriq' (Mirabegron)</p> <p><u>Other Drugs</u></p>	<p><u>Overactive Bladder Anti-Cholinergics</u> Gelnique (Oxybutynin) ^{S/E} Gemtesa (Vibegron) ^{S/E} Oxytrol Patch (Oxybutynin) Toviaz (Fesoterodine Fumarate) ^{S/E}</p> <p><u>Other Drugs</u> Elmiron (Pentosan Polysulfate) Nocdurna SL (Desmopressin Acetate) ^{P/A Req'd} Noctiva Niasal Spray (Desmopressin) ^{P/A Req'd}</p>
<p>Erectile Dysfunction Drugs</p> <p>Sildenafil / Viagra ^{S/E} Tadalafil / Cialis ^{S/E} Vardenafil / Levitra ^{S/E}</p> <p>F2</p>	<p>Stendra' (Avanafil)</p>	<p>Staxyn (Vardenafil) ^{S/E} Caverject, Edex (Alprostadil) Muse (Alprostadil) ^{S/E}</p>

Urological: Gout, PH / K Modifiers & Depleters

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Gout Drugs</p> <p><u>Orals</u> Allopurinol / Zyloprim Colchicine / Colcrys Febuxostat / Uloric Probenecid / Benemid, Col-Bemoid</p> <p><u>Topicals</u></p> <p>C7</p>	<p><u>Orals</u> Mitigare' (Colchicine)</p> <p><u>Topicals</u> ColciGel' (Colchicine Gel)</p>	<p><u>Orals</u> Duzallo (Lesinurad+Allopurinol) Gloperba Solution (Colchicine) ^{100% Copay} Zurampic (Lesinurad)</p> <p><u>Topicals</u></p>
<p>Urinary Ph Modifiers</p> <p>Potassium Citrate + Citric Acid / Citra-K Potassium Citrate / Urocit-K Potassium Acid Phosphate / K-Phos Original</p> <p>R1</p>		<p>K-Phos MF, N° 2 (Sod. Phos/Pot. Phos) Renacidin (Mag Carb/Citric Acid/Lact)</p>
<p>Potassium & Electrolytes</p> <p>Potassium Bicarbonate / Effer-K Potassium Bicarb+Potassium Citrate / K-Lyte Potassium Gluconate / Kaon Potassium Chloride / KTab ER# Potassium Phosphate / K-Phos</p> <p>C1/R1</p>		<p>Klor-Con (Potassium Chloride) Micro-K (Potassium Chloride)</p>
<p>Phosphorus/Calcium Electrolyte Depleters</p> <p><u>Hyperkalemia</u> Sodium Polystyrene Sulfonate / Kayexalate ^{HK}</p> <p><u>Hyperphosphatemia</u> Calcium Acetate / PhosLo, Eliphos ^{HP} Lanthanum Carbonate / Fosrenol ^{HP} Sevelamer Carbonate / Renvela ^{HP} Sevelamer Hydrochloride / Renagel ^{HP}</p> <p>C1</p>	<p><u>Hyperkalemia</u> Lokelma' (Sodium Zirconium Cyclosilicate) ^{HK}</p> <p><u>Hyperphosphatemia</u> Phoslyra Oral Solution' (Calcium Acetate) ^{HP} Velphoro' (Sucroferic Oxyhydroxide) ^{HP}</p>	<p><u>Hyperkalemia</u> Kionex (Sodium Polystyrene Sulfonate) ^{HK} Veltassa Powder Packets (Patiromer Calcium) ^{HK}</p> <p><u>Hyperphosphatemia</u> Auryxia (Ferric Citrate) ^{HP}</p>

Osteoporosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Osteoporosis Drugs / Paget's Disease</p> <p><u>Bisphosphonates</u> Alendronate / Fosamax Ibandronate / Boniva 150mg Tablets Risedronate / Actonel, Atelvia</p> <p><u>Other Drugs</u> Raloxifene / Evista Calcitonin / Miacalcin Nasal Spray</p> <p>P4</p>	<p><u>Bisphosphonates</u></p> <p><u>Other Drugs</u></p>	<p><u>Bisphosphonates</u> Binosto Effervescent Tabs (Alendronate) Fosamax Plus D (Alendronate w/ Vit D)</p> <p><u>Other Drugs</u></p>

Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anti-Inflammatory Drugs (NSAID)</p> <p>Diclofenac/Misoprostol / Arthrotec Diclofenac Potassium / Cataflam Diclofenac Sodium / VoltarenXR Etodolac / Lodine/XL Fenoprofen / Nalfon Flurbiprofen / Ansaid Ibuprofen / Motrin Indomethacin / Indocin Ketoprofen / Orudis, Oruvail Ketorolac / Toradol Meclofenamate / Meclomen Mefenamic Acid / Ponstel Meloxicam/ Mobic Nabumetone / Relafen Naproxen / Naprosyn/EC, Anaprox DS, Naprelan Oxaprozin / Daypro Piroxicam / Feldene Sulindac / Clinoril Tolmetin / Tolactin-DS</p> <p>S2</p>		<p>Duexis' (Ibuprofen/Famotidine) P/A with S/E*** Dyloject (Diclofenac Sodium) 100% Copay Sprix Spray (Ketorolac Tromethamine) Tivorbex (Indomethacin) 100% Copay Vimovo (Naproxen/Esomeprazole IR) 100% Copay Vivlodex (Meloxicam) 100% Copay Yosprala (Aspirin/Omeprazole) 100% Copay Zipsor (Diclofenac Potassium) P/A Req'd Zorvolex (Diclofenac) 100% Copay</p>

*** May not be covered by all plan benefit designs.

Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>COX-II Drugs</p> <p>Celecoxib / Celebrex</p> <p>S2</p>		<p>Consensi (Celecoxib/Amlodipine) ^{100% Copay}</p> <p>Elyxyb Oral Solution (Celecoxib) ^{100% Copay}</p>
<p>Analgesics, Narcotics</p> <p><u>Opioids</u></p> <p>Acetaminophen w/Codeine / Tylenol #3/4</p> <p>Aspirin w/Codeine / Empirin #2/3/4</p> <p>Codeine/Acetaminophen/Butalbital/Caffeine / Fiorinal #3</p> <p>Codeine/Aspirin/Butalbital/Caffeine / Fioricet</p> <p>▶ Fentanyl Citrate / Duragesic Patches, Actiq</p> <p>Hydrocodone/Acetaminophen / Vicodin, Norco</p> <p>▶ Hydromorphone / Dilaudid, Exalgo/Exalgo ER</p> <p>Meperidine / Demerol</p> <p>Morphine Sulfate / Roxanol</p> <p>Morphine Sulfate Extend Release / Avinza</p> <p>▶ Morphine Sulfate Sust Release / Kadian</p> <p>Oxycodone w/Acetaminophen / Percocet</p> <p>Tramadol (w/ Acetaminophen)/ Ultram/ER, Ultracet</p> <p>H3</p>	<p><u>Opioids</u></p> <p>Belbuca Film' (Buprenorphine)</p> <p>Butrans Patch' (Buprenorphine)</p> <p>▶ Oxycontin' (Oxycodone)</p> <p>▶ Zohydro ER' (Hydrocodone)</p>	<p><u>Opioids</u> <small>Double Step Edit for Most Orals with MME Check</small></p> <p>Abstral (Fentanyl Sublingual)</p> <p>▶ Arymo ER' (Morphine Sulfate)</p> <p>Conzip Caps (Tramadol HCL)</p> <p>▶ Embeda (Morphine Sulfate/Ntxn)</p> <p>Hysingla ER (Hydrocodone Bitartrate)</p> <p>Lazanda Nasal Spray (Fentanyl) ^{P/A Req'd}</p> <p>MorphaBond ER (Morphine Sulfate)</p> <p>Nucynta/ER (Tapentadol)</p> <p>Oxaydo (Oxycodone IR)</p> <p>Qdolo Solution (Tramadol Liquid) ^{P/A Req'd}</p> <p>RoxyBond (Oxycodone IR)</p> <p>Subsys Spray' (Fentanyl) ^{NDC BLOCK - P/A Req'd}</p> <p>Troxyca ER (Oxycodone/Naloxone) ^{S/E, P/A REQD}</p> <p>▶ Xartemis XR (Oxycodone/Acet) ^{NDC BLOCK}</p> <p>▶ Xtampza ER (Oxycodone)</p>
<p>Analgesics, Salicylates/Non-Salicylates/Other</p> <p><u>Salicylates</u></p> <p>Aspirin / Butalbital / Caffeine/ Fiorinal</p> <p>Diffunisal / Dolebid</p> <p>Salsalate / Disalcid</p> <p><u>Non-Salicylates</u></p> <p>Acetaminophen/Caffeine/Butalbital / Esgic, Fioricet</p> <p><u>Other</u></p> <p>H3</p>	<p><u>Salicylates</u></p> <p><u>Non-Salicylates</u></p> <p><u>Other</u></p>	<p><u>Salicylates</u></p> <p>Durlaza ER (Aspirin) ^{100% Copay}</p> <p><u>Non-Salicylates</u></p> <p><u>Other</u></p> <p>Qutenza Patches (Capsaicin) ^{P/A with S/E}</p>

▶ Note: Denotes Long-Acting Opioid

CNS: Anxiety, Sedatives, ADD/ADHD & Narcolepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anti-Anxiety Drugs (Benzodiazepines)</p> <p><i>All Generics in this Class are Preferred</i></p> <p>H6</p>		<p>All Brands in this Class are Non-Preferred</p>
<p>Sedatives/Sleeping Aids</p> <p><u>Orexin Inhibitors</u></p> <p><u>Other Agents</u></p> <p>Doxepin / Silenor Eszopiclone / Lunesta ^{S/E} Temazepam / Restoril Zolpidem / Ambien ^{S/E}, Ambien CR ^{S/E}, Intermezzo <i>(Various other Generics)</i></p> <p>H2/H8</p>	<p><u>Orexin Inhibitors</u></p> <p><u>Other Agents</u></p>	<p><u>Orexin Inhibitors</u></p> <p>Belsomra (Suvoxerant) ^{S/E} Dayvigo (Lemborexant) ^{S/E}</p> <p><u>Other Agents</u></p> <p>Edluar Sublingual (Zolpidem) ^{S/E} Hetlioz (Tasimelteon) ^{P/A Req'd} Rozerem (Ramelteon) ^{S/E} Zolpimist Nasal Spray (Zolpidem) ^{P/A Req'd}</p>
<p>Sedatives/Hypnotics (Barbiturate/CNS)</p> <p>Phenobarbital</p> <p>H2</p>		<p>Butisol (Butabarbital) ^{100% Copay} Seconal (Secobarbital) ^{100% Copay}</p>
<p>ADD & ADHD Drugs</p> <p><u>Stimulants</u></p> <p>Amphetamine/D-Amphetamine / Adderall, Adderall XR D-Amphetamine / Dexedrine Dexmethylphenidate / Focalin, Focalin XR Methylphenidate / Concerta, Concerta ER Methylphenidate / Desoxyn Methylphenidate / Ritalin/LA/SR Methylphenidate / Metadate CD, Metadate ER</p> <p><u>Non-Stimulants</u></p> <p>Atomoxetine / Strattera Clonidine HCL / Kapvay Guanfacine / Intuniv</p> <p>J5/H7/H2</p>	<p><u>Stimulants</u></p> <p>Adhansia XR (Methylphenidate) Daytrana Patch' (Methylphenidate) Mydayis' (Amphetamine Salts) QuilliChew ER' (Methylphenidate) Quillivant XR Suspension' (Methylphenidate) Vyvanse' (Lisdexamfetamine Dimesylate)</p> <p><u>Non-Stimulants</u></p>	<p><u>Stimulants</u></p> <p>Adzenys XR-ODT / ER Liquid (Amphetamine) ^{S/E-2} Aptensio XR (Methylphenidate) ^{S/E-2} Azstarys (Dexmethylepenidate/Sedexmeth) ^{S/E-2} Cotempla XR-ODT (Methylphenidate) ^{S/E-2} Evekeo (Amphetamine Sulfate) ^{S/E-2} Dyanavel XR Susp (Amphetamine) ^{S/E} Jornay PM (Methylphenidate) ^{S/E-2} Methylin Solution (Methylphenidate) ^{S/E-2} Relexxi ER (Methylphenidate) ^{S/E-2}</p> <p><u>Non-Stimulants</u></p> <p>Qelbree ER (Viloxazine) ^{S/E}</p>
<p>Excessive Sleepiness / Narcolepsy</p> <p>Armodafinil / Nuvigil Modafinil / Provigil</p> <p>H8</p>		<p>Sunosi (Solriamfetol) ^{P/A Req'd} <i>(See Specialty Section for Additional Drugs)</i></p>

Note: Some long-acting Methylphenidates & Amphetamines may require failure of generics prior for approval of a brand. Additionally, Non-Preferred Brands as shown need a failure of a Preferred Brand prior to approval.

CNS: Anti-Depressants & PBA

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Serotonin Specific Reuptake Inhibitors (SSRI)</p> <p>Citalopram / Celexa Escitalopram / Lexapro Fluoxetine / Prozac, Sarafem Fluvoxamine / Luvex/CR Paroxetine / Paxil/CR Sertraline / Zoloft</p> <p>H2</p>	<p>Trintellix' (Vortioxetine)^{S/E} Viibryd' (Vilazodone)^{S/E}</p>	<p>Pexeva (Paroxetine Mesylate)^{100% Copay}</p>
<p>Serotonin Norepinephrine Reuptake Inhibitors</p> <p>Duloxetine / Cymbalta Desvenlafaxine / Pristiq, Khedezla ER Venlafaxine / Effexor XR</p> <p>H7</p>	<p>Fetzima' (Levomilnacipran)^{S/E}</p>	<p>Drizalma Sprinkles (Duloxetine)^{2-S/E}</p>
<p>Other SSRI Combinations</p> <p>Olanzapine/Fluoxetine / Symbyax</p> <p>H7</p>		
<p>Monoamine Oxidase Inhibitors (MAOIs)</p> <p>Phenelzine Sulfate / Nardil Tranylcypromine Sulfate / Parnate</p> <p>H7/H2</p>		<p>Emsam Patches (Selegiline) Marplan (Isocarboxazid)</p>
<p>Antidepressants, Other Drugs</p> <p>Amitriptyline / Elavil Bupropion / Wellbutrin SR/XL Buspirone / Buspar Clomipramine / Anafranil Desipramine / Norpramin Imipramine / Tofranil/PM Mirtazapine / Remeron, Remeron Soltab Nortriptyline / Aventyl, Pamelor Trazadone / Desyre! (Over 20 other 'generic only' Drugs exist)</p> <p>H2/H7</p>	<p>Forfivo XL' 450mg Only (Bupropion HCL)</p>	<p>Aplenzin ER (Bupropion Hydrobromide)^{S/E} Olepto ER (Trazadone)^{S/E}</p>
<p>Pseudobulbar Affect (PBA) Drugs</p> <p>H8</p>	<p>Nuedexta' (Dextromethorphan/Quinidine)</p>	

CNS: Anti-Psychotics & Bi-Polar

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Antipsychotic Drugs Chlorpromazine / Thorazine Fluphenazine / Prolixin Haloperidol / Haldol Loxapine / Loxitane Perphenazine / Trilafon Trifluoperazine / Stelazine Thioridazine / Mellaril Thiothixene / Navane		ORAP (Pimozide)
H7 Atypical Antipsychotic Drugs Aripiprazole / Abilify ^{B,S} Asenapine / Saphris ^{B,S} Clozapine / Clozaril, Fazaclo ^{B,S} Olanzapine / Zyprexa, Zyprexa ZYDIS ^{B,S} Quetiapine / Seroquel IR ^{B,S} , Seroquel XR ^{B,S} Risperidone / Risperdal ^{B,S} Ziprasidone / Geodon ^{B,S}	Vraylar [®] (Cariprazine) ^{B,S}	Abilify MyCite w/ Sensor (Aripiprazole) ^{B,S, P/A Req'd} Caplyta (Lumateperone) ^S Fanapt (Iloperidone) ^{2 S/E, B,S} Invega ER (Paliperidone) ^{2 S/E, B,S} Latuda (Lurasidone) ^{B,S S/E} Rexulti (Brexipiprazole) ^{2 S/E, M,S} Secuado Patch (Asenapine) ^S Versacloz Susp (Clozapine) ^B
H2 Bipolar Disorders (Anti-mania Drugs) Lithium Carbonate / Lithobid Valproic Acid / Stavzer		Equetro (Carbamazepine) Lybalvi (Olanzapine/Samidorphan)

^B - Bi-polar indication

^S - Schizophrenia indication

^M - Manic Depressive Disorder indication

Parathyroid Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Parathyroid Drugs Calcitriol ² / Rocaltrol Cinacalcet ² / Sensipar Doxercaliferol ² / Hectorol Ergocalciferol Drops ² / Drisol Paricalcitol ² / Zemplar		Natpara ¹ (Parathyroid Hormone) ^{P/A Req'd} Rayaldee ² (Calcifediol) ^{P/A Req'd}

¹ - Hypothyroidism, ² - Hyperthyroidism

Gastrointestinal: Ulcer, GERD & IBS

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Anti-Ulcer /GERD Drugs</p> <p><u>H2 Antagonists</u> Generic Drugs Only!!</p> <p><u>PPIs</u> Esomeprazole / Nexium Lansoprazole / Prevacid Omeprazole / Prilosec Omeprazole w/ Sodium Bicarb / Zegerid ^{100% Copay} Pantoprazole / Protonix Rabeprazole / Aciphex</p> <p><u>Other Drugs</u> Metoclopramide / Reglan Sucralfate / Carafate D4/J9/Z2</p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> Dexilant[†] (Dexlansoprazole)</p> <p><u>Other Drugs</u></p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> Protonix Oral Suspension (Pantoprazole)</p> <p><u>Other Drugs</u> Enteragam Powder Pak (Immune Globulin) ^{100% Copay} Metozolv ODT (Metoclopramide) Gimoti Nasal Spray (Metoclopramide)</p>
<p>Bowel & Colon Drugs</p> <p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Mesalamine / Asacol / Asacol HD, Rowasa Balsalazide Disodium / Colazal D6/Q3</p> <p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Lubiprostone / Amitiza ^{IBS-C, OIC, CIC} Senna Glucoside / Senakot (OTC) Senna + Docusate / Senna-S (OTC)</p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> D6</p> <p><u>Other Drugs:</u> Budesonide / Entocort EC, Uceris Diphenoxylate/Atropine / Lomotil Glycopyrrrolate / Glycate Loperamide / Imodium (OTC) Mesalamine / Canasa Suppositories D6/J2</p>	<p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Lialda[†] (Mesalamine)</p> <p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Linzess[†] (Linaclotide) ^{IBS-C, CIC} Motegrity[†] (Prucalopride) ^{CIC} Symproic[†] (Naldemedine) ^{OIC}</p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> Viberzi[†] (Eluxadoline) ^{IBS-D} Xifaxan 550[†] (Rifaximin) ^{IBS-D}</p> <p><u>Other Drugs:</u></p>	<p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u> Apriso, Delzicol (Mesalamine) Dipentum (Olsalazine) ^{S/E} Mesalamine [<i>Generics for Lialda</i>] Pentasa (Mesalamine) ^{S/E}</p> <p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Isbrela (Tenapanor) ^{IBS-C} Movantik (Naloxegol) ^{OIC - S/E} Pizensy (Lactitol) ^{CIC} Relistor[†] (Methylnaltrexone) ^{OIC} Trulance[†] (Plecanatide) ^{CIC, IBS-C} Zelnorm (Tegaserod) ^{IBS-C}</p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> Lotronex (Alosetron) ^{IBS-D}</p> <p><u>Other Drugs:</u> Aemcolo (Rifamycin) ^{P/A Req'd} Cuvposa (Glycopyrrolate) Entereg (Alvimopan) Motofen (Difenoxin/Atropine Sulfate)</p>

Gastrointestinal: Laxatives & Colon Preps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Laxatives</p> <p>Lactulose / Granulose Polyethelene Glycol (PEG) 3350 / Merilax</p> <p>D6</p>		<p>Kristalose' (Lactulose)</p>
<p>Colon Prep Drugs</p> <p>Peg 3350/NA Sulfate,Bicarbonate CL/KCL / Colyte, Gavilyte, Golytely, Moviprep Sodium Chloride / Nulytely'[^] Sodium Phosphate Tablets / Osmoprep'[^]</p> <p>D6</p>	<p>Plenvu' (Peg 3350/NA Ascorbate/NA Sulfate++) Suprep' (Sodium, Potassium, & Magnesium Sulfate) Sutab' (Sodium, Potassium, & Magnesium Sulfate)</p>	<p>Clenpiq Pre-Mix (Sod Picosulf, Mag Ox, Citric Acid) Gialax (PEG 3350/Sod Chlor/Pot Citrate Solution) Halflytely (Sodium Phosphate Solution) Prepopik (Sod Picosulf, Mag Ox, Citric Acid)</p>
<p>H. Pylori Drugs</p> <p>Lansoprazole/Amox/Clarithromycin / PrevPac</p> <p>D4</p>	<p>Pylera' (Bismuth/Metronid/Tetracycline) Talicia' (Omeprazole Mag/Amox/Rifabutin)</p>	<p>Omeclamox (Omeprazole/Amox/Clarithromycin)</p>

Hormone Therapy: O/Cs & Estrogens

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Contraceptives</p> <p><u>Orals</u> All Oral Contraceptives flagged as Generic Levonorgestrel / Plan-B⁺</p> <p><u>Other Drugs</u> Generic Products Ethin Estradiol/Etonogestrel / EluRyng, Nuvaring</p> <p>G8</p>	<p><u>Orals</u> Beyaz', Yaz' Natazia', Safyral'</p> <p><u>Other Drugs</u></p>	<p><u>Orals</u> All Oral Contraceptives flagged as Brand</p> <p><u>Other Drugs</u> All Other formulations flagged as Brand</p>
<p>Estrogens / Estrogen Combinations</p> <p><u>Orals – Single</u> Estradiol / Estrace Estropipate / Ogen, Ortho-Est ME-Test/Estrogen/Ester / Covaryx/HS</p> <p>G1</p> <p><u>Orals – Combination Products</u></p> <p>G1</p> <p><u>Patches/Gels</u> Estradiol / Climara Patch Estradiol / Vivelle/DOT Patch</p> <p>G1</p> <p><u>Vaginal (All Forms)</u> Estradiol / Estrace Cream Estradiol / Vagifem</p> <p>Q4</p>	<p><u>Orals – Single</u></p> <p><u>Orals – Combination Products</u> Annovera' (Estradiol/Segesterone) Bijuva' (Estradiol/Progesterone)</p> <p><u>Patches/Gels/Pumps</u> Climara Pro Patch' (Estradiol/Levonorgestrel) Divigel' (Estradiol Gel) Minivelle Patch' (Lo-Dose Estradiol) Xulane Patch (Norelgestromin/Estradiol)</p> <p><u>Vaginal (All Forms)</u> Osphena' (Ospemifene) Imvexxy' (Estradiol)</p>	<p><u>Orals – Single</u> Cenestin (Conjugated Estrogen) Menest (Esterified Estrogen) Premarin (Conjugated Estrogen)</p> <p><u>Orals – Combination Products</u> Activella, FemHRT, Mimvey (Estradiol/Noreth) Angeliq (Estradiol/Drospirenone) Duavee (Conj Estrogens/Bazedoxifene) ^{100% Copay} Prefest (Estradiol/Norgestimate) Prempro, Premphase (Conj. Estrog/Medroxyprog)</p> <p><u>Patches/Gels/Pumps</u> Alora Patch (Estradiol) Combipatch (Estradiol/Norethindrone) Elestrin Gel, EstroGel (Estradiol) ^{S/E New Starts} Evamist Spray (Estradiol) ^{S/E New Starts} Menostar Patch (Estrogen)</p> <p><u>Vaginal (All Forms)</u> Estring, Femring Ring (Estradiol) Phexxi (Lactic Acid/Citric Acid/Potassium Bitrate) Premarin Cream (Conj. Estrogen)</p>

IMPORTANT NOTE - Contraceptive coverage varies by Plan, but most Plans cover generic Oral Contraceptives

Hormone Therapy: Androgenics, Progestones & Fertility

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Endometriosis Drugs</p> <p>G1/G8</p>	<p>Orilissa¹ (Elagolix) Oriahnn¹ (Elagolix/Estradiol Norethindrone)</p>	<p>Myfembree (Relugolix/Estradiol/Noreth)^{S/E}</p>
<p>Other Hormonal & Non-Hormonal Drugs</p> <p>Clomiphene Citrate / Clomid, Serophene Hydroxyprogesterone Capoate Injections / Makena</p> <p>G1/G8</p>		<p>Brisdelle (Paroxetine Mesylate) Ella (Ulipristal Acetate) IntraRosa Vaginal Insert (Prasterone) Vyleesi (Bremelanotide)</p>
<p>Progestational Drugs</p> <p>Medroxyprogesterone / Provera Norethindone Acetate / Aygestin Progesterone, Micronized / Crinone, Prometrium</p> <p>G2</p>		<p>Addyi (Flibanserin) Depo-Provera (Medroxyprogesterone) Endometrin Supp (Progesterone, Micron.) First-Progesterone MC (Progesterone)</p>
<p>Androgenic Drugs</p> <p>Oxandrolone / Oxandrin Prasterone / DHEA Testosterone / AndroGel Gel, Axiron Pump, Fortesta, Testim Testosterone Cypionate / Depo-Testosterone^{S/E} Testosterone Enanthate / Delatestryl Injectable^{S/E}</p> <p>F1</p>	<p>Jatenzo¹ (Testosterone Undecanoate) Natesto Nasal Gel¹ (Testosterone)</p>	<p>Anadrol-50 (Oxymetholone)^{S/E} Androderm (Testosterone Patch, Gel)^{S/E} Aveed (Testosterone Undecanoate)^{S/E} Methitest (Methyltestosterone)^{S/E} Striant (Testosterone)^{S/E} Testopel Insert (Testosterone)^{S/E} Testred (Methyltestosterone)^{S/E} Vogelxo (Testosterone Gel)^{S/E} Xyosted (Testosterone Enanthate)^{S/E}</p>

Prenatal Vitamins, Iron Deficiency

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Prenatal Vitamins <i>All Generic Drugs are Covered in Tier 1</i> C6		<i>All Brand Drugs – generic failure required</i>
Iron Deficiency Drugs <i>All Generic Drugs are Covered in Tier 1</i> C3		Accrufer' (Ferrous Maltol) <i>All Other Brand Drugs – generic failure required</i>

Metabolic: Thyroid Replacements

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anti-Thyroid & Thyroid Replacements <u>Thyronine (Free T3)</u> Liothyronine / Cytomel <u>Thyroxine (Free T4)</u> Levothyroxine / Eurthyrox, Levo-T, Levothroid, Levoxyl, Unithroid <u>Mixed Thyronine/ Thyroxine</u> <u>Other Drugs</u> Propylthiouracil / Propylthiouracil Methimazole / Tapazole P3	<u>Thyronine (Free T3)</u> <u>Thyroxine (Free T4)</u> Synthroid (Levothyroxine) Tirosint'/Tirosint Solution (Levothyroxine) <u>Mixed Thyronine/ Thyroxine</u> <u>Other Drugs</u>	<u>Thyronine (Free T3)</u> <u>Thyroxine (Free T4)</u> <u>Mixed Thyronine/ Thyroxine</u> Armour Thyroid (Thyroid, pork) Thyrolar (Liotrix, pork) Westhroid, WP-Thyroid (Thyroid, pork) <u>Other Drugs</u> NP-Thyroid (Thyroid, pork)
Glucocorticoids / Mineralocorticoids Budesonide / Entocort EC Dexamethasone / Decadron, Dxevo, Hidex Hydrocortisone / Cortef Methylprednisone / Medrol Prednisone / Deltasone Prednisolone / Prednisolone, Orapred ODT, Pediapred, Prelone Syrup, Veripred <i>Multiple Generics available for Prescribing</i> P5		Celestone (Betamethasone) Dexpak (Dexamethasone) Emflaza (Delfazacort) Millipred/Pak (Prednisone ER) ^{100% Copay} Rayos' (Prednisone ER) ^{P/A with S/E***} Taperdex (Prednisone ER) ^{100% Copay}

*** May not be covered by all plan benefit designs.

Diabetes: Insulins & Injectibles

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Insulins</p> <p><u>Short-Acting Insulin</u> ^(Bolus)</p> <p><u>Long-Acting Insulin</u> ^(Basal)</p> <p><u>Mixed Insulin</u></p> <p><u>Human Insulin</u> <u>Injectible</u></p> <p><u>Inhaled</u></p> <p>C4</p>	<p><u>Short-Acting Insulin</u> ^(Bolus) Fiasp[†] (Insulin Aspart/Niacinamide) Humalog[†] (Insulin Lispro) Lyumjev[†] (Insulin Lispro/Trepostinil[™]) Novolog[†] (Insulin Aspart)</p> <p><u>Long-Acting Insulin</u> ^(Basal) Lantus[†] (Insulin Glargine) Levemir[†] (Insulin Detemir) Toujeo[†]/Toujeo Max Solostar[†] (Insulin Glargine) Tresiba[†] (Insulin Degludec)</p> <p><u>Mixed Insulin</u> Humalog Mix[†] (Insulin Lispro[™]) Novolog Mix[†] (Insulin Aspart)</p> <p><u>Human Insulin</u> <u>Injectible</u> Humulin[†] (Insulin, Assorted[™]) Novolin[†] (Insulin Aspart)</p> <p><u>Inhaled</u></p>	<p><u>Short-Acting Insulin</u> ^(Bolus) Admelog (Insulin Lispro) ^{S/E} Apidra[†] (Insulin Glulisine[™])</p> <p><u>Long-Acting Insulin</u> ^(Basal) Basaglar (Insulin Glargine) ^{P/A Req'd} Semglee (Insulin Glargine) ^{P/A Req'd}</p> <p><u>Mixed Insulin</u></p> <p><u>Human Insulin</u> <u>Injectible</u></p> <p><u>Inhaled</u> Afrezza (Insulin Regular, Human)</p>
<p>Injectible Anti-Diabetics</p> <p><u>GLP-1</u></p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>Other Injectibles</u></p> <p>C4</p>	<p><u>GLP-1</u> ^{S/E Through Metformin} Ozempic[†] (Semaglutide) Rybelsus Tablets[†] (Semaglutide) Trulicity[†] (Dulaglutide[™]) Victoza[†] (Liraglutide)</p> <p><u>GLP-1 / Insulin Combinations</u> ^{S/E Through Metformin} Soliqua[†] (Insulin Glargine & Lixisenatide[™]) Xultophy[†] (Insulin Degludec & Liraglutide)</p> <p><u>Other Injectibles</u> ^{S/E Through Metformin} SymlinPen[†] (Pramlintide Acetate)</p>	<p><u>GLP-1</u> ^{S/E Through Metformin} Adlyxin (Lixisenatide) Bydureon[†]/Bydureon BCise (Exenatide[™]) Byetta[†] (Exenatide[™])</p> <p><u>GLP-1 / Insulin Combinations</u> ^{S/E Through Metformin}</p> <p><u>Other Injectibles</u> ^{S/E Through Metformin}</p>
<p>Hyperglycemic Drugs</p> <p>Glucagon / Glucagon Emergency Kit</p> <p>M4</p>	<p>Baqsimi Nasal Powder Inhaler (Glucagon[™]) GlucaGen Kit[†] (Glucagon) ^{Novo Nordisk Only} GVOKE[†] (Glucagon) Zegalogue[†] (Dasiglucagon)</p>	<p>Proglycem Oral Suspension (Diazoxide)</p>

Diabetes: Oral Antidiabetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Oral Anti-Diabetics</p> <p><u>Orals</u> Glyburide / Diabeta, Glynase, Micronase Metformin ER / Fortamet ER ^{S/E 100% Copay} Metformin ER / Glumetza ^{S/E-100% Copay} Metformin / Glucophage XR</p> <p>(Over 30 other generic Drugs exist)</p> <p>C4</p>	<p><u>Orals</u></p>	<p><u>Orals</u> Cycloset (Bromocriptine) ^{100% Copay} Riomet (Metformin) ^{100% Copay}</p>
<p><u>Thiazolidinediones (TZDs) & Combinations</u> Pioglitazone Family/ Actos, Duetact, ActoPlusMet/XR</p> <p>C4</p>	<p><u>Thiazolidinediones (TZDs)</u> ^{S/E Through Metformin}</p>	<p><u>Thiazolidinediones (TZDs)</u> ^{S/E Through Metformin} Avandia/Avandamet/Avandaryl</p>
<p><u>DPP-4 / DPP-4 Combos</u> Alogliptin / Nesina Alogliptin/Metformin / Kazano Alogliptin/Pioglitazone / Oseni</p> <p>C4</p>	<p><u>DPP-4 / DPP-4 Combos</u> ^{S/E Through Metformin} Janumet/XR' (Sitagliptin/Metformin) Januvia' (Sitagliptin) Jentadueto' (Linagliptin/Metformin) Kombiglyze XR' (Saxagliptin/Metformin) Onglyza' (Saxagliptin) Tradjenta' (Linagliptin)</p>	<p><u>DPP-4 / DPP-4 Combos</u> ^{S/E Through Metformin}</p>
<p><u>SGLT-2 Inhibitors</u></p> <p><u>SGLT-2 / DPP-4 Combinations</u></p> <p>C4</p>	<p><u>SGLT-2 Inhibitors</u> ^{S/E Through Metformin} Farxiga' (Dapagliflozin) Invokana' (Canagliflozin) Invokamet/XR' (Canagliflozin/Metformin) Jardiance' (Empagliflozin) Synjardy' (Empagliflozin/Metformin) Xigduo' (Dapagliflozin/Metformin)</p> <p><u>SGLT-2 / DPP-4 Combinations</u> ^{S/E Through Metformin} Glyxambi' (Empagliflozin/Linagliptin) Qtern' (Dapagliflozin/Saxagliptin)</p> <p>Qternmet XR' (Dapagliflozin/Saxagliptin/Metformin) Trijardy XR' (Empagliflozin/Linagliptin/Metformin)</p>	<p><u>SGLT-2 Inhibitors</u> ^{S/E Through Metformin} Steglatro (Ertugliflozin) ^{100% Copay} Segluromet (Ertugliflozin/Metformin) ^{100% Copay}</p> <p><u>SGLT-2 / DPP-4 Combinations</u> ^{S/E Through Metformin} Steglujan (Ertugliflozin/Sitagliptin) ^{100% Copay}</p>

Diabetes: Diabetic Supplies & Pumps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Diabetic Supplies <u>Meters</u> Store Brand <u>Strips</u> Store Brand M4/X2	<u>Meters</u> One Touch Verio' GlucoCard Shine Meters' One Touch Verio Flex' One Touch Verio Reflect' <u>Strips</u> OneTouch Ultra' GlucoCard Shine Strips' OneTouch Verio'	<u>Meters</u> <i>Other Brands of Meters are either NOT Covered OR may incur a 100% copay depending on plan design.</i> <u>Strips</u> <i>Other Brands of Strips are either NOT Covered, may be grandfathered for a short time, OR may incur a 100% copay depending on plan design.</i>
<u>Lancets Devices & Lancets</u> Store Brand <u>Syringes & Supplies by:</u> Store Brand Y2/Y9	<u>Lancets Devices & Lancets</u> TechLITE Lancets' <u>Syringes & Supplies by:</u> Novofine & NovoTwist Pen Needles TechLITE Pen Needles	<u>Lancets Devices & Lancets</u> All Other Lancets <u>Syringes & Supplies by:</u> B-D, Clickfine, Monoject, Terumo UltiCare, Unifine, all other brand products
Continuous Glucose Monitoring Devices Y9	Dexcom Transmitter, Receiver & Sensors' Freestyle Libre/Libre-2 Reader & Sensors'	
Insulin Pumps & Supplies Y9	CeQur Simplicity' Minimed 50X, Paradigm & Guardian' OmniPod System & Pods' V-Go Disposable Units'	

Weight Loss

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Anorexia Drugs Benzphetamine HCL / Didrex Phendimetrazine / Bentril-PDM Phentermine HCL / Adipex-P J8	Contrave' (Bupropion/Naloxone) ^{P/A Approp Use} Saxenda Injection' (Liraglutide) ^{P/A Approp Use} Wegovi' (Semaglutide) ^{P/A Approp Use}	Lomaira (Phentermine) ^{P/A} Qsymia (Phentermine/Topiramate) ^{P/A}

Respiratory: Allergy & Asthma

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Oral Allergy Drugs</p> <p>w7</p>	<p>Grastek¹, Ragwitek¹, Odactra¹</p>	<p>{All Other Oral Allergy Immunotherapy}</p>
<p>Allergy Medications</p> <p><u>Non/Low Sedating Antihistamines</u> Multiple Generics & OTCs available for Prescribing</p> <p>z2</p> <p><u>Intranasal Corticosteroids</u> Flunisolide / Nasarel Fluticasone / Flonase, Flonase Sensimist (OTC) Triamcinolone Acetate / Nasacort Allergy 24 HR (OTC)</p> <p><u>Other Allergy Drugs (Sprays)</u> Azelastine / Astepro</p> <p>q7</p>	<p><u>Non/Low Sedating Antihistamines</u></p> <p><u>Intranasal Corticosteroids</u> Nasonex¹ (Mometasone) QNasi¹ (Beclomethasone Dipropionate)</p> <p><u>Other Allergy Drugs (Sprays)</u> Dymista¹ (Azelastine/Fluticasone)</p>	<p><u>Non/Low Sedating Antihistamines</u> Semprex-D (Pseudoephedrine/Acrivias)</p> <p><u>Intranasal Corticosteroids</u> Beconase AQ (Beclomethasone Dipropionate) Omnaris, Zetonna (Ciclesonide)</p> <p><u>Other Allergy Drugs (Sprays)</u> Patanase (Olopatadine) Ticalast (Azelastine/Fluticasone)</p>
<p>Asthma Drugs</p> <p><u>Short Acting Beta Agonists (SABA)</u> Albuterol Sulfate Inhaler Levalbuterol / Xopenex Terbutaline</p> <p><u>Inhaled Corticosteroids (ICS)</u></p> <p><u>ICS / LABA Combination Drugs</u> Fluticasone/Salmeterol / Wixela Inhub</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Other Drugs</u> Budesonide / Pulmicort Respules for Inhalation</p> <p>B6</p>	<p><u>Short Acting Beta Agonists (SABA)</u> ProAir HFA/RespiClick¹ (Albuterol Sulfate) Ventolin/HFA¹ (Albuterol Sulfate)</p> <p><u>Inhaled Corticosteroids (ICS)</u> Arnuity¹ (Fluticasone Furoate) Flovent¹ (Fluticasone) Pulmicort Flexhaler¹ (Budesonide) Qvar/Qvar RediHaler¹ (Beclomethasone)</p> <p><u>ICS / LABA Combination Drugs</u> Advair¹ (Fluticasone/Salmeterol) Breo¹ (Fluticasone/Vilanterol) Symbicort¹ (Budesonide/Formoterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Other Drugs</u></p>	<p><u>Short Acting Beta Agonists (SABA)</u> Proventil/HFA (Albuterol Sulfate) ProAir Digihaler only (Albuterol Sulfate w/Device)</p> <p><u>Inhaled Corticosteroids (ICS)</u> Aerospan (Flunisolide) Alvesco¹ (Ciclesonide) ArmonAir – All (Fluticasone)</p> <p><u>ICS/LABA Combination Drugs</u> AirDuo – All (Fluticasone/Salmeterol) Dulera (Mometasone/Formoterol) ^{100% Copay}</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u> Spiriva 1.25mcg¹ (Tiotropium)</p> <p><u>Other Drugs</u></p>

Respiratory: Allergy, COPD & Polyps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Leukotriene Inhibitors</p> <p>Montelukast / Singulair Zafirlukast / Accolate Zileuton / Zyflo/CR</p> <p>Z4</p>		
<p>COPD Drugs</p> <p><u>Beta Agonists / Muscarinic Agonists, Short Acting</u> Albuterol/Ipratropium [SABA]</p> <p><u>Long Acting Beta Agonists (LABA)</u></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>LABA / LAMA Combination Drugs</u></p> <p><u>ICS / LABA Combination Drugs</u> Fluticasone/Salmeterol / Wixela Inhub</p> <p><u>ICS / LABA / LAMA Combination Drugs</u></p> <p><u>Inhalation/Nebulizer Drugs</u></p> <p>B6</p>	<p><u>Beta Agonists / Muscarinic Agonists</u> Combivent[†] (Albuterol/Ipratropium) [SABA/SAMA]</p> <p><u>Long Acting Beta Agonists (LABA)</u> Arcapta[†] (Indacaterol Powder) Serevent[†] (Salmeterol) Striverdi[†] (Olodaterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u> Incruse[†] (Umeclidinium) Spiriva 2.5mcg[†], Spiriva Handihaler (Tiotropium)</p> <p><u>LABA / LAMA Combination Drugs</u> Anoro[†] (Umeclidinium/Vilanterol) Stiolto[†] (Tiotropium/Olodaterol)</p> <p><u>ICS / LABA Combination Drugs</u> Advair[†] (Fluticasone/Salmeterol) Breo[†] (Fluticasone/Vilanterol) Symbicort[†] (Budesonide/Formoterol)</p> <p><u>ICS / LABA / LAMA Combination Drugs</u> Breztri[†] (Budesonide/Glycopyrrolate/Formoterol) Trelegy[†] (Umeclidinium/Vilanterol/Fluticasone)</p> <p><u>Inhalation/Nebulizer Drugs</u> Perforomist Inhalation[†] (Formoterol Fumarate) Yupelri Inhalation[†] (Revefenacin)</p>	<p><u>Beta Agonist / Muscarinic Agonists</u> Atrovent HFA (Ipratropium) [SAMA]</p> <p><u>Long Acting Beta Agonists (LABA)</u> Foradil (Formoterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u> Seebri (Glycopyrronium Bromide) Tudorza (Aclidinium Bromide)</p> <p><u>LABA / LAMA Combination Drugs</u> Utibron (Indacaterol/Glycopyrronium) Bevespi (Formoterol/Glycopyrronium)</p> <p><u>ICS / LABA Combination Drugs</u></p> <p><u>ICS / LABA / LAMA Combination Drugs</u></p> <p><u>Inhalation/Nebulizer Drugs</u> Brovana (Arformoterol Tartrate)^{S/E} Lonhala Magnair (Glycopyrrolate)^{S/E}</p>
<p><u>Other Drugs</u></p> <p>Z</p>	<p><u>Other Drugs</u> Daliresp[†] (Roflumilast)</p>	<p><u>Other Drugs</u></p>
<p>Nasal Polyps</p> <p>Q7</p>	<p>XHance[†] (Fluticasone Propionate) Dupixent[†] (Dupilumab) <small>Specialty - P/A for Indication</small> Fasenra[†] (Benralizumab) <small>Specialty - P/A for Indication</small></p>	

Dermatology: Keratolytics, Scabies, Anesthetics/Analgesics & Hyperhydrosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Keratolytic (AK) Drugs</p> <p><u>Moisture Drugs</u> Diclofenac Sodium / Solaraze ^{S/E} Fluororacil / Efudex ^{S/E}</p> <p>L5F/Q5P/T0A</p> <p><u>Immunomodulators</u> Imiquimod / Aldara ^{S/E}</p> <p>Z2G</p>	<p><u>Moisture Drugs</u></p> <p><u>Immunomodulators</u></p>	<p><u>Moisture Drugs</u> ^{S/E through Generics} Carac (Fluororacil) Fluoroplex, Tolak Cream (Fluororacil) Klisyri (Tirbanibulin) Panretin (Alitretinoin) Targretin (Bexarotene)</p> <p><u>Immunomodulators</u> Zyclara (Imiquimod)</p>
<p>Antifungals</p> <p><u>Orals</u> Clotrimazole / Lotrimin, Mycelex Fluconazole / Diflucan Itraconazole / Sporanox Voriconazole / Vfend</p> <p><u>Topicals</u> Ciclopirox / Loprox, Penlac Econazole Nitrate / Spectazole Halcinonide / Halog Cream[^] Halobetasol Propionate / Ultravate Cream Hydrocortisone / Locoid Lipocream Ketoconazole / Nizoral, Extina Naftifine / Naftin Cream, Gel 1% Nystatin / Mycostatin, Mycolog II Sertaconazole / Ertaczo Terbinafine / Lamisil Solution</p> <p>Q5/L9</p>	<p><u>Orals</u> Lamisil Granules only (Terbinafine)</p> <p><u>Topicals</u> Jublia[^] (Efinaconazole) Luzu[^] (Luliconazole) Naftin Gel 2%[^] (Naftifine)</p>	<p><u>Orals</u> Ancobon (Flucytosine) Cresemba (Isamuconazonium) Noxafil (Posaconazole) ^{100% Copay} Oravig Buccal (Miconazole) Oxistat (Oxiconazole) Tolsyra (Itraconazole)</p> <p><u>Topicals</u> Exelderm (Sulconazole) Kerydin Solution (Tavaborole) Vusion (Miconazole/Zinc Oxide) Xolegel (Ketoconazole)</p>
<p>Scabies & Pediculosis (Lice) Drugs</p> <p>Malathion Permethrin 5% / Elimite Cream/Liquid Spinosad / Natroba Suspension</p> <p>Q5N</p>		<p>Eurax Cream/Lotion (Crotamiton) Ovide Lotion (Malathion) Sklice (Ivermectin) ^{S/E} Ulesfia Lotion (Benzil Alcohol) Xyglyze (Abametapir)</p>

IMPORTANT NOTE – For Topical Steroids, use Generics as First Line therapy for all products. All Single Source Brand Products are considered Non-Preferred Brands

Dermatology: Topicals & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Topical Local Anesthetics & Analgesics Diclofenac Sodium / Pennsaid 1.5% only , Voltaren Gel Lidocaine Patches / Lidoderm Diclofenac / Voltaren Arthritis Pain OTC	Flector 12Hr Patches' (Diclofenac Epolamine) Licart 24Hr Patches' (Diclofenac Epolamine)	Analpram-HC (HC Acetate/Pramoxine) Cetacaine (Tetracaine/Benzocaine) Epifoam (HC Acetate/Pramoxine HCL) LidoRx Pump (Lidocaine HCL) Novacort (HC Acetate/Pramoxine) Pennsaid 2%' (Diclofenac Sodium) ^{P/A with S/E***} Pramosone (HC Acetate/Pramoxine) Proctofoam-HC (HC Acetate/Pramoxine) SpeedGel Rx Pump (Homeopathic) Zingo (Lidocaine HCL monohydrate)
Q5E/Q5H Hyperhidrosis	Qbrexza' (Glycopyrronium)	
L8C Other Topical Products Acyclovir / Zovirax Mupirocin / Bactroban 2% Ointment & Cream		Altabax (Retapamulin) Qutenza Patches (Capsaicin) ^{P/A with S/E} Rectiv (Nitroglycerin)
Q5V/Q5W		

*** May not be covered by all plan benefit designs.

Vaginal Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Vaginal Antibiotics Metronidazole / Metrogel-Vaginal, Vandozole Gel Clindamycin / Cleocin Cream		AVC Cream (Sulfanilamide) Cleocin Supp (Clindamycin Phosphate) Clindesse (Clindamycin Phosphate) Nuessa Gel (Metronidazole)
Vaginal Antifungals Fluconazole / Diflucan Itraconazole / Sporanox Miconazole / Monistat-7 Nystatin Vaginal tabs Terconazole / Terazol Voriconazole / Vfend		Brexafemme (Ibexafungerp) ^{S/E-2} Femstat (Butoconazole) Gynazole (Butoconazole) Solosec (Secnidazole) Sporanox Oral Solution (Itraconazole)

Ophthalmics: Anti-Infectives, Antihistamines, Dry Eye Drugs & Anti-Inflammatories

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ophthalmic Anti-Infectives</p> <p>Ciprofloxacin / Ciloxan Gentamycin / Gentak Ofloxacin / Ocuflox Moxifloxacin / Moxeza Polymyxin/Trimethoprim / Polytrim Prednisolone/Sulfacetamide / Blephamide Sulfacetamide 10% / Bleph-10 Tobramycin / Tobrex Trifluridine / Viroptic</p> <p>Q21N/Q6S-V-W</p>	<p>Azasite' (Azithromycin) Besivance' (Besifloxacin) Vigamox (Moxifloxacin)</p>	<p>Blephamide/SOP (Na Sulfacet/Prednisolone) Natacyn (Natamycin) Zirgan Gel (Ganciclovir) Zymaxid (Gatifloxacin)</p>
<p>Ophthalmic Antihistamines</p> <p>Cetirizine / Zerviate ^{100% Copay} Epinastine / Elestat Ketotifen / Zaditor OTC, Alaway Olopatadine / Patanol, Pataday OTC, Pazeo</p> <p>Q6R</p>		<p>Bepreve (Bepotastine) Emadine (Emedastine) Lastacaft (Alcaftadine) Pataday (Olopatadine)</p>
<p>Ophthalmic Immunomodulators (Dry Eye)</p> <p>Q2C</p>	<p>Restasis' (Cyclosporine)</p>	<p>Cequa (Cyclosporine) Eysuvis (Loteprednol Etabonate) Xiidra (Lifitegrast)</p>
<p>Ophthalmic Mast Cell Stabilizers</p> <p>Q6U</p>		<p>Alocril (Nedocromil Sodium) Alomide (Lodoxamide)</p>
<p>Ophthalmic Anti-Inflammatory Drugs</p> <p>Diclofenac Sodium / Voltaren Fluorometholone / FML Forte Ketorolac / Acular, Acular-LS Loteprednol / Lotemax (all forms) Prednisolone Acetate / Pred Forte</p> <p>Q6P</p>	<p>Airex' (Loteprednol) Ilevro' (Nepafenac) Prolensa' (Bromfenac Sodium)</p>	<p>Acular PF, Acuvail (Ketorolac) Bromsite' (Bromfenac Sodium) Durezol (Difluprednate) Flarex (Fluorometholone) FML Forte, FML-SOP (Fluorometholone) Inveltys (Loteprednol Etabonate) Maxidex (Dexamethasone) Nevanac (Nepafenac) Pred Mild (Prednisolone Acetate)</p>

Ophthalmics: Glaucoma, Mydriatics & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ophthalmics for Glaucoma</p> <p><u>Miotics</u> Betaxolol / Betopic Brimonidine / Alphagan Brimonidine/Brinzolamide / Simbrinza Dorzolamine / Trusopt Levobunolol / Betagan Metipranolol / Optipranolol Pilocarpine / Isopto Carpine Timolol / Timoptic/XE Timolol/Dorzolam / Cosopt/PF</p> <p><u>Prostaglandins</u> Latanoprost / Xalatan</p> <p>Q6G</p>	<p><u>Miotics</u> Alphagan P' (Brimonidine) Betimol' (Timolol) Combigan' (Brimonidine/Timolol)</p> <p><u>Prostaglandins</u> Lumigan' (Bimatoprost) Zioptan' (Tafluprost)</p>	<p><u>Miotics</u> Azopt (Brinzolamide) Betopic-S (Betaxolol) Iopidine (Apraclonidine) Istalol (Timolol Maleate) Miochol-E (Acetylcholine Chloride) Rhopressa (Netarsudil)</p> <p><u>Prostaglandins</u> Rescula (Unoprostone Isopropyl) Rocklatan (Netarsudil/Latanoprost) Travatan Z (Travoprost) Vyzulta (Latanoprostene Bunod) Xelphos (Latanoprost-PF Emulsion)</p>
<p>Ophthalmic Mydriatics (Pupils)</p> <p>Atropine / Isopto Atropine Cyclopentolate / Cyclogyl Tropicamide / Mydriacyl</p> <p>Q6J</p>		<p>Cyclomydril (Phenylephrine/Cyclopent) Paremyd (Hydroxyamphetamine/Tropicamide)</p>
<p>Ophthalmic Antibiotic-Corticoid Drugs</p> <p>Neomycin/Polymyxin/Dexamethasone / Maxitrol Tobramycin/Dexamethasone / Tobradex</p> <p>Q6I</p>	<p>Zylet' (Tobramycin/Loteprednisolone)</p>	<p>Pred-G (Gentamicin/Prednisolone)</p>
<p>Other Ophthalmic Drugs</p> <p>Q2</p>		<p>Cystadrops (Cysteamine) ^{P/A Req'd (Specialty)} Cystaran (Cysteamine) ^{P/A Req'd (Specialty)} Eylea (Aflibercept) ^{P/A Req'd} Jetrea (Ocriplasmin) ^{P/A Req'd} Lumify (Brimonidine Tartrate) ^{P/A Req'd} Oxervate (Cenegermin) ^{P/A Req'd} Upneeq (Oxynetazoline)</p>

Ear Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Ear Drugs</p> <p>Ciprofloxacin / Cetraxal Solution Ciprofloxacin/Dexamethasone / CiproDex Fluocinolone Acetonide / Dermotic</p> <p>Q8</p>		<p>Cipro HC (Ciprofloxacin/HC) Coly-Mycin S (Neomycin/Colist Sulf) Cortane-B (HC/Pramoxine/Chlorox) Otovel (Ciprofloxacin/Fluocinolone)</p>

Miscellaneous: Dependence & Withdrawal, Dental, Saliva, & Rescue Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Dependence & Withdrawal Symptom Drugs</p> <p><u>Alcohol Dependence Drugs</u> Disulfiram / Antabuse C0D</p> <p><u>Opioid Dependence Drugs</u> Buprenorphine/Naloxone Tablets ^{S/E} / Suboxone Tablets ^{S/E} H3W</p> <p><u>Withdrawal Symptom Drugs</u> H33</p> <p><u>Smoking Cessation</u> Bupropion/ Zyban, Wellbutrin H7/J3</p>	<p><u>Alcohol Dependence Drugs</u></p> <p><u>Opioid Dependence Drugs</u> Suboxone SL Film[†] (Buprenorphine/NLX) Zubsolv SL[†] (Buprenorphine/Naloxone)</p> <p><u>Withdrawal Symptom Drugs</u> Lucemyra[†] (Lofexidine)</p> <p><u>Smoking Cessation</u></p>	<p><u>Alcohol Dependence Drugs</u> Vivitrol Injectable (Naltrexone) ^{P/A Req'd}</p> <p><u>Opioid Dependence Drugs</u> Bunavail Buccal (Buprenorphine/NLX) ^{S/E} Cassipa Film (Buprenorphine/NLX) ^{S/E} Sublocade (Buprenorphine SR Inj.) ^{P/A Req'd}</p> <p><u>Withdrawal Symptom Drugs</u></p> <p><u>Smoking Cessation</u> Chantix (Varenicline Tartrate) Nicotrol NS (Nicotine)</p>
<p>Saliva Substitutes</p> <p>D4</p>	<p>Saliva Max Powder[†]</p>	<p>Aquoral Spray Mucositis Rx Powder NeutraSol SalivaTerx Powder</p>
<p>Parasympathetic (Saliva) Drugs</p> <p>Bethanechol / Urecholine Cevimeline / Evoxac Pilocarpine / Salagen J1A</p>		
<p>Rescue Drugs</p> <p><u>Anaphylaxis Drugs</u> Epinephrine Pen / Adrenaclick ^{S/E} Epinephrine (Epipen AG) J5F</p> <p><u>Opioid Overdose Agents</u> H3T</p>	<p><u>Anaphylaxis Drugs</u> Epipen[†], Epipen Jr[†] (Epinephrine)</p> <p><u>Opioid Overdose Agents</u> Narcan Nasal Spray (Naloxone)</p>	<p><u>Anaphylaxis Drugs</u> Auvi-Q (Epinephrine) ^{100% Copay} Symjepi (Epinephrine) ^{S/E}</p> <p><u>Opioid Overdose Agents</u> Evzio Injector (Naloxone) ^{100% Copay} Kloxxado Nasal Spray (Naloxone) ^{100% Copay}</p>

Specialty Drug Formulary List

Specialty Drug Products

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs typically treat complex and chronic conditions, including cancer, multiple sclerosis, various types of hepatitis, chronic kidney failure, organ transplants, rheumatoid arthritis and other diseases. Specialty drugs might be covered through either medical or prescription drug insurance. Under which benefit a specialty drug is covered usually depends on where the patient receives the drug. If the patient takes the drug orally or self-injects the drug at home, it is more likely to be covered through their prescription drug benefit, while if the patient receives the drug at a doctor's office or an outpatient clinic, it's more likely to be covered through the medical benefit.

Prescriptions for specialty drugs can be filled at a retail pharmacy, but not many pharmacies will dispense specialty drugs or provide the extra clinical and educational services required to properly manage specialty patients due to inventory costs. Additionally, some drug manufacturers limit the distribution of specialty drugs, making their drugs available only through designated, pre-certified specialty pharmacies. For more information about limited distribution drugs, please contact your clinical Account Manager.

Specialty Programs & Limits

Some specialty drugs below are noted with letters or symbols next to them. The letters and symbols refer to the requirements of the pharmacy benefit programs and are provided to help check which drugs may have a clinical program or limitations in place. The benefit plan determines how these medications may be covered.

P/A or P/A Req'd	Prior Authorization – Physician is required to provide additional information to determine coverage.
P/A for Diagnosis	Prior Authorization may be required for clinical diagnosis
Clinical P/A	Prior Authorization may be required for clinical diagnosis
C-P/A	Prior Authorization may be required for clinical confirmation
S/E	Step Therapy – Trial of another drug is required before this drug is covered.
RECOMMENDED	Product is preferred over other drugs listed in the assigned tier – step edit may or may not apply
100%	100% Copay may apply. Lower-cost or better clinical options are available.

Specialty Drug Product Qualifications

The P&T Committee, using current medical literature, has developed a “specialty” pharmacy product formulary comprised of Specialty Drug Products. To be considered a “Specialty Drug”, a drug should fall into at least six (6) of the following categories although still subject to assignment by the P&T Committee.

1. A drug that treats specific, mainly chronic, and often rare conditions; or is considered an orphan drug
2. A drug whose usage is initiated with a specialist
3. A drug typically not administered orally or topically
4. A drug that requires special handling
5. A drug whose use involves unique distribution channels, such as limited distribution management and specialized paperwork (REMS)
6. A drug that requires administration in a healthcare setting with oversight of a healthcare professional
7. A drug that is costs more than a specific set amount per month
8. A drug whose usage requires high degrees of patient management, increased supervision, counseling, and/or education
9. A drug whose use often may result in patients requiring reimbursement assistance to maintain regimen

The current specialty pharmacy product listing is available from your Account Manager.

SPECIAL NOTES:

- CGRP medications can be found on page 11

Specialty Drug Copays

While the formulary placement of a drug is determined by the P&T Committee, the copays that are assigned to brand and generic drugs are determined by the copay established under each plan benefit design. Therefore, in many cases, the copay for a preferred brand specialty drug may be different than a preferred brand drug that is not deemed as a specialty drug. This often occurs with HIV, oncology, immunology, respiratory and many other drugs.

Additionally, drugs that are infused or administered intravenously often have different copays applied, especially when they are covered under a medical benefit. For more information about what a copay would be for a specific drug, the patient should contact their benefit office.

NOTE: If the member uses a member portal, online pricing tool or smartphone/tablet app, the copay returned may not always be as expected based on many factors, including whether the member’s plan follows the formulary and the recommendations of the P&T Committee, how the plan even wants a given drug covered, what stage the member is in their deductible benefit if applicable, whether the claim is filled by an in or out of network provider, and if other member level coverage overrides have been entered.

Specialty: Hep C & Multiple Sclerosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Hepatitis Treatment Drugs</p> <p><u>Hepatitis B Drugs</u> Peginterferon Alfa-2B / Peg-Intron</p> <p><small>HEPB</small> <u>Hepatitis C Drugs – Interferons</u> Ribavirin / Ribasphere</p> <p><small>HEPC</small> <u>Hepatitis C Drugs – Other Inhibitors</u></p>	<p><u>Hepatitis B Drugs</u></p> <p><u>Hepatitis C Drugs – Interferons</u></p> <p><u>Hepatitis C Drugs – Other Inhibitors</u> Mavyret[®] (Glecaprevir/Pibrentasir) ^{P/A for Diagnosis} Sofosbuvir/Ledipasvir / [Harvoni AG Only] ^{P/A Req'd} Sofosbuvir/Velpatasvir / [Epclusa AG Only] ^{P/A Req'd}</p>	<p><u>Hepatitis B Drugs</u> Baraclude (Entecavir) Epivir HBV (Lamivudine) Hepsera (Adefovir Dipivoxil) Pegasys (Peginterferon Alfa-2A) Tyzeka (Telbivudine) Vemlidy (Tenofovir Alafenamide)</p> <p><u>Hepatitis C Drugs – Interferons</u> Copegus (Ribavirin) Infergen (Interferon Alfacon-1)</p> <p><u>Hepatitis C Drugs – Other Inhibitors</u> Daklinza (Daclatasvir) ^{P/A Req'd} Epclusa (Sofosbuvir/Velpatasvir) ^{P/A Req'd} Harvoni (Sofosbuvir/Ledipasvir) ^{P/A Req'd} Olysio (Simeprevir) ^{P/A Req'd} Sovaldi Pellets (Sofosbuvir) ^{P/A Req'd} Vosevi (Sofosbuvir/Velpatasvir/Voxilaprevir) ^{P/A} Zepatier (Elbasvir/Grazoprevir) ^{P/A Req'd}</p>
<p>Multiple Sclerosis (MS) Drugs</p> <p><u>Injectibles</u> Glatiramer Acetate (Glatopa[®])</p> <p><small>MS_I</small> <u>Orals</u></p> <p><small>MS_O</small> <u>Infused</u></p> <p><small>MS_F</small> <u>Ambulatory</u> Dalfampridine / Ampyra ^{P/A Req'd}</p> <p><small>MS_A</small></p>	<p><u>Injectibles</u> Copaxone[®] (Glatiramer Acetate) Kesimpta[®] (Ofatumumab)</p> <p><u>Orals</u> Gilenya[®] (Fingolimod) Mayzent[®] (Siponimod)</p> <p><u>Infused</u></p> <p><u>Ambulatory</u></p>	<p><u>Injectibles</u> Avonex (Interferon β -1A) ^{S/E} Betaseron (Interferon β 1B) ^{S/E} Extavia (Interferon β -1B) ^{S/E} Plegridy (Interferon β -1A) ^{2-S/E (Inj & Oral)} Rebif (Interferon β -1A/Albumin) ^{2-S/E (Inj & Oral)}</p> <p><u>Orals</u> Aubagio (Teriflunomide) ^{S/E} Bafiertam (Monomethyl Fumerate) ^{S/E} Mavenclad (Cladribine) ^{P/A, Special Therapy} Tecfidera (Dimethyl Fumerate) ^{2-S/E (Inj & Oral)} Vumerity (Diroximel Fumerate) ^{2-S/E (Inj & Oral)} Zeposia (Ozanimod) ^{S/E}</p> <p><u>Infused</u> Lemtrada Infusion (Alemtuzumab) ^{S/E} Ocrevus (Ocrelizumab) ^{S/E} Tysabri Infusion (Natalizumab) ^{2-S/E (Inj & Oral)}</p> <p><u>Ambulatory</u></p>

Specialty: Rheumatoid Arthritis, Plaque & Psoriatic Psoriasis, Ulcerative Colitis, Crohns

IMMUNOTHERAPY:		INDICATION				
	Rheumatoid Arthritis	Plaque Psoriasis	Psoriatic Arthritis	Crohns Disease	Ulcerative Colitis	Ankylosing Spondylitis
Self Administered Products						
PREFERRED BRANDS	Humira [®] (Adalimumab)	Cosentyx [®] (Secukinumab)	Cosentyx [®] (Secukinumab)	Humira [®] (Adalimumab)	Humira [®] (Adalimumab)	Cosentyx [®] (Secukinumab)
	Orencia [®] (Abatacept)	Humira [®] (Adalimumab)	Humira [®] (Adalimumab)	Stelara [®] (Ustekinumab)	Stelara [®] (Ustekinumab)	Humira [®] (Adalimumab)
NON-PREFERRED BRANDS	Rinvoq [®] (Upadacitinib)	Skyrizi [®] (Risankizumab)				
	Actemra (Tocilizumab) ^{S/E-2}	Enbrel (Etanercept) ^{S/E}	Orencia [®] (Abatacept) ^{S/E}	Cimzia (Certolizumab) ^{S/E}	Simponi (Golimumab) ^{S/E}	Cimzia (Certolizumab) ^{S/E}
	Cimzia (Certolizumab) ^{S/E-2}	Ilumya (Tildrakizumab) ^{S/E}	Otezla (Apremilast) ^{S/E}		Xeljanz/XR (Tofacitinib) ^{S/E}	Enbrel (Etanercept) ^{S/E}
	Enbrel (Etanercept) ^{S/E-2}	Otezla (Apremilast) ^{S/E}	Cimzia (Certolizumab) ^{S/E}			Kineret (Anakinra) ^{S/E}
	Kineret (Anakinra) ^{S/E-2}	Siliq (Brodalumab) ^{S/E}	Enbrel (Etanercept) ^{S/E}			Simponi (Golimumab) ^{S/E}
	Kezvara (Sarilumab) ^{S/E}	Simponi (Golimumab) ^{S/E}	Simponi (Golimumab) ^{S/E}			Taltz (Ixezumab) ^{S/E}
	Olumiant (Baricitinib) ^{S/E-2}	Stelara (Ustekinumab) ^{S/E}	Stelara (Ustekinumab) ^{S/E}			
	Simponi (Golimumab) ^{S/E-2}	Taltz (Ixezumab) ^{S/E}	Taltz (Ixezumab) ^{S/E}			
Xeljanz/XR (Tofacitinib) ^{S/E2}		Xeljanz/XR (Tofacitinib) ^{S/E}				
	<i>All Biosimilars</i> ^{S/E-2}	<i>All Biosimilars</i> ^{S/E}	<i>All Biosimilars</i> ^{S/E}	<i>All Biosimilars</i> ^{S/E}	<i>All Biosimilars</i> ^{S/E}	<i>All Biosimilars</i> ^{S/E}
Office Administered Products						
<i>Typically Covered Under Medical Benefit</i> <i>(Not Covered Under Pharmacy Benefit)</i>	Actemra (Tocilizumab)	Remicade (Infliximab)	Cimzia (Certolizumab)	Cimzia (Certolizumab)	Entyvio (Vedolizumab)	Cimzia (Certolizumab)
	Cimzia (Certolizumab)	Simponi (Golimumab)	Remicade (Infliximab)	Entyvio (Vedolizumab)	Remicade (Infliximab)	Remicade (Infliximab)
	Remicade (Infliximab)	Tremfya (Guselkumab)	Rituxan (Rituximab)	Remicade (Infliximab)	Simponi (Golimumab)	Rituxan (Rituximab)
	Rituxan (Rituximab)		Simponi (Golimumab)	Stelara (Ustekinumab)	Stelara (Ustekinumab)	Simponi (Golimumab)
	Simponi (Golimumab)			Tysabri (Natalizumab)		
	<i>All Biosimilars</i>	<i>All Biosimilars</i>	<i>All Biosimilars</i>	<i>All Biosimilars</i>	<i>All Biosimilars</i>	<i>All Biosimilars</i>

*** = Recommended Non-Preferred Agent

Clinical Prior Authorization may be required for agents to confirm indication. Additional clinical criteria for Non-Preferred drugs may be applicable

Specialty: MTX, UC & CD, Atopic Dermatitis, Osteoarthritis, Human Growth & Anti-Psychotics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Methotrexates & DMARDs Leflunomide / Arava Methotrexate / Trexall	Rasuvo Injectable' (Methotrexate)	Otrexup Injectable (Methotrexate) RediTrex Injectable (Methotrexate) Rheumatrex (Methotrexate)
Ulcerative Colitis & Crohns - Other Budesonide / Uceris		
Atopic Dermatitis <small>HAE</small>	Dupixent (Dupilumab) ^{P/A for Indication}	
Osteoarthritis Drugs Move-Free Ultra Vitamins (Hyaluronic Acid) <small>OA O</small>		Euflexxa, Hyalgan, Orthovisc (Hyaluronate Sodium) ^{P/A Req'd} Supartz (Hyaluronate Sodium) ^{P/A Req'd} Synvisc/Synvisc-ONE (Hylan) ^{P/A Req'd}
Cholesterol Management <u>PCSK9s</u> <u>Other Drugs</u> <small>PCSK9</small>	<u>PCSK9s</u> Praluent Inject.' (Alirocumab) ^{C-P/A} <u>Other Drugs</u>	<u>PCSK9s</u> Repatha Inject. (Evolocumab) ^{Clinical P/A with S/E} <u>Other Drugs</u> Juxtapid (Lomitapide) ^{P/A Req'd} Kynamro SQ (Mipomersen) ^{P/A Req'd}
Human Growth Hormones (HGH) <small>HGH</small>	Norditropin' (Somatropin) ^{P/A Dosing} Omnitrope' (Somatropin) ^{P/A Dosing}	All Other Somatropin Drugs ^{S/E & P/A Req'd}
Injectable Antipsychotic Drugs <small>ATYP</small>		Abilify Maintena (Aripiprazole) ^{B,S} Aristada ER & Initio Injection (Aripiprazole Lauroxil) ^{B,S} Geodon for Injection (Ziprasidone) ^{B,S} Invega Trinza (Paliperidone) ^{B,S} Perseris Inject. Suspension (Risperidone) ^{B,S} Risperdal M/Consta (Risperidone) ^{B,S} Zyprexa Relprevv (Olanzapine Pamoate) ^{B,S}

^B - Bi-polar indication ^S - Schizophrenia indication ^M - Manic Depressive Disorder indication

Specialty: Cardiovascular, Respiratory & Immunosuppressants

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p>Cardiovascular Drugs</p> <p><u>Pulmonary Anti-HTN (PAH), Endothelin</u> Ambrisentan / Letairis ^{P/A Req'd} Bosentan / Tracleer ^{P/A Req'd}</p> <p><small>PAHE</small> <u>Pulmonary Anti-HTN (PAH), Prostacycline</u> Epoprostenol / Folan Treprostinil / Remodulin</p> <p><small>PAHP</small> <u>Hereditary Angioedema (HAE)</u> Icatibant Injection / Firazyr</p> <p><small>PAHP</small> <u>Other Cardiovascular Drugs</u> Sildenafil / Revatio Tadalafil / Adcirca</p>	<p><u>Pulmonary Anti-HTN, Endothelin</u></p> <p><u>Pulmonary Anti-HTN, Prostacycline</u></p> <p><u>Hereditary Angioedema (HAE)</u></p> <p><u>Other Cardiovascular Drugs</u></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u> Opsumit (Macitentan) ^{P/A Req'd}</p> <p><u>Pulmonary Anti-HTN, Prostacycline</u> Orenitram (Treprostinil) ^{P/A Req'd} Tyvaso (Treprostinil) ^{P/A Req'd} Uptravi (Selexipag) ^{P/A Req'd}</p> <p><u>Hereditary Angioedema (HAE)</u> Berinert, Cinryze (C1 Esterase Inhibitor) ^{P/A Req'd} Haegarda, Ruconest (C1 Esterase Inhibitor) ^{P/A Req'd} <i>(Kalbitor, Orladeyo & Takhzyro are medical)</i></p> <p><u>Other Cardiovascular Drugs</u> Adempas (Riociguat) ^{P/A Req'd}</p> <p>Velentri (Epoprostenol) ^{P/A Req'd} Ventavis (Iloprost) ^{P/A Req'd}</p>
<p>Severe Asthma</p> <p><small>RS2P</small></p> <p><small>RESP</small></p>	<p>Dupixent' (Dupilumab) ^{P/A Req'd} Fasenra' (Benralizumab) ^{P/A Req'd} Nucala (Mepolizumab SQ) ^{P/A Req'd}</p>	<p>Cinqair (Reslizumab IV) ^{P/A Req'd} Xolair (Omalizumab) ^{P/A Req'd}</p>
<p>Immunosuppressants</p> <p><u>Organ Transplant Drugs</u> Mycophenolate Mofetil / Cellcept Mycophenolate Sodium / Myfortic Tacrolimus / Prograf, Hecoria</p> <p><u>Neutropenia Drugs</u> Short Acting:</p> <p>Long Acting:</p>	<p><u>Organ Transplant Drugs</u> Rapamune (Sirolimus) ^{P/A Req'd} Zortress (Everolimus) ^{P/A Req'd}</p> <p><u>Neutropenia Drugs</u> Short Acting: Zarxio' (Filgrastim-sndz) ^{P/A for Clinical}</p> <p>Long Acting: Ziextenzo' (Pegfilgrastim-bmez)</p>	<p><u>Organ Transplant Drugs</u> Astagraf XL (Tacrolimus) ^{P/A Req'd} Envarsus XR (Tacrolimus) ^{P/A Req'd}</p> <p><u>Neutropenia Drugs</u> Short Acting: Granix (tbo-Filgrastim) ^{P/A Req'd} Neupogen (Filgrastim) ^{P/A Req'd} Nivestym (Filgrastim-aafi) ^{P/A Req'd}</p> <p>Long Acting: Fulphilia (Pegfilgrastim-jmdb) Leukine (Sargramostim) ^{P/A Req'd} Neulasta (Pegfilgrastim) ^{P/A Req'd} Nyvepria (Pegfilgrastim-qpqfv) ^{P/A Req'd} Udenyca (Pegfilgrastim-cloqv) ^{P/A Req'd}</p>

Specialty: Lupus, Heparin, Hematopoietic, Osteoporosis, Narcolepsy, Infertility & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Lupus Drugs <small>LUP</small>		Benlysta (Belimumab) ^{P/A Req'd} Lupkynis (Voclosporin) ^{P/A Req'd}
Heparin-Related Drugs Enoxaparin / Lovenox Injection Fondaparinux / Arixtra Injection <small>DVT</small>		Fragmin Injection (Dalteparin)
Hematopoietic Drugs <small>HPOI</small>		Aranesp (Darbepoetin) Epogen (Epoetin-alfa) Procrit (Epoetin-alfa) Retacrit (Epoetin-alfa-epbx)
Osteoporosis Drugs		Boniva Injectable (Ibandronate) ^{P/A Req'd} Bonsity Injectable (Teriparatide) ^{P/A Req'd} Evenity (Romosozumab-aqqg) ^{P/A Req'd} Forteo Injectable (Teriparatide) ^{P/A Req'd} Prolia (Denosumab) ^{P/A Req'd} Reclast (Zoledronic Acid) ^{P/A Req'd} Tymlos Injectable (Abaloparatide) ^{P/A Req'd} Zometa Injectable (Zoledronic Acid) ^{P/A Req'd}
Cataplexy / Narcolepsy Drugs <small>NARC</small>		Wakix (Pitolisant) ^{P/A, S/E} Xyrem Solution (Sodium Oxybate) ^{P/A, S/E} Xywav (Calcium/Magnesium/Potass/Sodium Ox) ^{P/A, S/E}
Infertility Drugs <small>INFS</small>		Bravelle (Urofollitropin) ^{P/A Req'd} Cetrotide (Cetrorelix Acetate) ^{P/A Req'd} Follistim AQ (Follitropin Beta) ^{P/A Req'd} Gonal-F, Gonal-F RFF (Follitropin Alfa) ^{P/A Req'd} Novarel (Chorionic Gonadotropin, Human) ^{P/A Req'd} Ovidrel (Choriogonadotropin Alfa) ^{P/A Req'd}

Specialty: Sickle Cell Anemia & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
Intrauterine Devices <small>IUDS</small>		Kyleena, Liletta (Levonorgesterol) ^{P/A Req'd} Mirena, Skyla (Levonorgesterol) ^{P/A Req'd}
Sickle Cell Anemia <small>SCA</small>		Adakveo IV (Crizanlizumab) ^{Medical Only} Oxbryta (Voxelotor) ^{P/A Req'd - Hold}
HIV <small>MISC</small>	Cabenuva Injection (Cabotegravir/Rilpivirine) Vocabria (Cabotegravir)	
Other Drugs <small>MISC</small>		Epidiolex (Cannabidiol) ^{P/A Req'd [Dravet Only]} Fensolvi (Fenfluramine)

Miscellaneous Notes

Miscellaneous Notes: Non-Listed Injectibles, Infusion & Oral Products

Injectibles: There are therapeutic categories that contain injectable specialty drugs that are not listed in this formulary listing (PDL). If you have any questions as to the tier preference of a specific non-listed injectable specialty drug, please contact your account manager for more information. Injectibles that require medical administration or medical/nursing support that not shown in this PDL.

Infusion: There are infused drugs administered at home or at a facility by a healthcare professional that require medical/nursing support. If one of those drugs is not listed, those medications should be processed through medical benefits.

Other Oral Products: Oral products (other than oral oncology and HIV drugs) that are not listed in this PDL should be considered having a Non-Preferred Brand copay.

Single Source Brand Oral Oncology and Immunosuppressant Drugs: Unless noted, Single Source Brand oral drugs generally have a preferred brand copay applied, while Multi-Source Brand drugs have a non-preferred copay applied. Multi-Source Generic Oral Oncology and Immunosuppressant drugs generally have a generic copay applied.

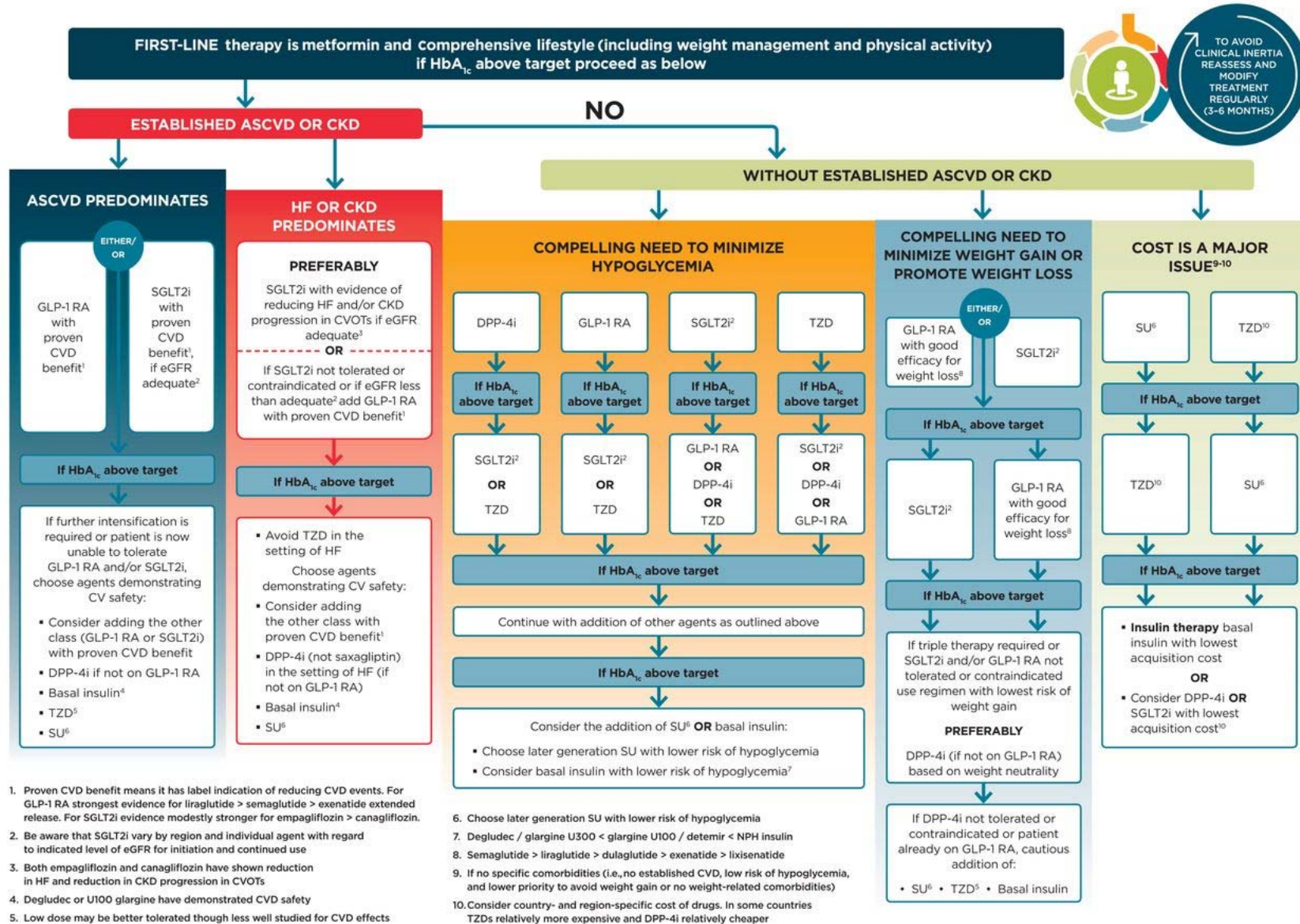
Clinical Guidelines

Clinical Guideline Sources

Clinical guidelines from recognized industry sources are utilized by our clinicians as reference for consistent treatment care. Using these guidelines, we assist physicians in understanding the “best practices” adopted by medical experts and healthcare professionals to manage and control the well-being of patients.

This section, which will be expanded over time contains some of the most predominant clinical protocols available:

- Diabetes Care Guidelines
- COPD Gold Guidelines



COPD GOLD Guidelines 2019

